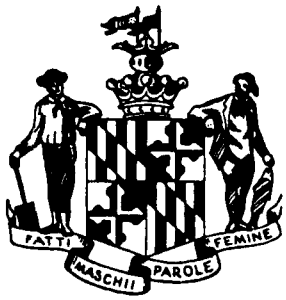
FINAL REPORT OF THE

GOVERNOR'S STUDY GROUP ON VOCATIONAL REHABILITATION



MARYLAND

COMPREHENSIVE STATEWIDE PLANNING FOR VOCATIONAL REHABILITATION SERVICES

VOLUME II
FINDINGS AND RECOMMENDATIONS

AUGUST, 1968

VOLUME II

FINAL REPORT

COMPREHENSIVE STATEWIDE PLANNING FOR VOCATIONAL REHABILITATION SERVICES

MARYLAND

GOVERNOR'S STUDY GROUP ON VOCATIONAL REHABILITATION
2100 GUILFORD AVENUE
BALTIMORE, MARYLAND 21218

SHERMAN LAZRUS, PROJECT DIRECTOR

INCLUSIVE PERIOD OF PLANNING PROJECT
September 1, 1966 - August 31, 1968

August 31, 1968

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GOVERNOR'S STUDY GROUP ON VOCATIONAL REHABILITATION
COMPREHENSIVE STATEWIDE PLANNING PROJECT
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HON. SPIRO T. AGNEW
GOVERNOR

August, 1968

The Honorable Spiro T. Agnew
Governor of Maryland
State House
Annapolis, Maryland 21404

Dear Governor Agnew:

We are pleased to transmit herewith the final report of the Governor's Study Group on Vocational Rehabilitation.

This report represents the culmination of a two-year comprehensive Statewide planning project which has focused upon the present and future needs of Maryland's handicapped citizens and the development of a blueprint for meeting these needs, through 1975. Suggestions for incorporating the *principles* of rehabilitation within the various State agencies who are concerned with the provision of social services are also provided.

This report is organized into three volumes. The first presents a summary of recommendations and a financial plan for their implementation. The second contains the detailed findings and conclusions upon which the recommendations are based. The third volume contains the various appendices to the report.

The members of the Study Group and its staff wish to express their sincere appreciation for the excellent cooperation which members of your staff (particularly Mr. B. Melvin Cole and Mr. John G. Lauber) afforded us throughout the conduct of this project.

Sincerely,

James E. Carson, M.D.

James E. Carson, M.D.
Chairman

Sherman Lazrus

Sherman Lazrus
Director

FOREWORD

There is a growing awareness that, in order to achieve full participation in our democratic society, man must engage in a productive effort of some kind if he is to realize a sense of security, accomplishment, and well-being. We have been discovering, to our sorrow, that, in the absence of work, many of our citizens become pools of discontent and frustration. Concurrently, we have been witnessing the emergence and development of programs emphasizing "investments in human resources"; e.g., Neighborhood Youth Corps, VISTA, Job Corps, Community Action programs, etc.

The recent reorganization of the Department of Health, Education, and Welfare, which focused on the inclusion of the "socially handicapped" within the concept of disability and, therefore, as recipients of rehabilitation services, served to underscore the phenomenal growth and acceptance of the principles of rehabilitation. These principles, characterized by their "interdisciplinary approaches" and "total-man objectives", have been extended far beyond the confines of the traditional vocational rehabilitation arena in an attempt to salvage lives and to restore a sense of belonging to those outside the mainstream of society--the people in urban ghettos and rural slums, the needy and disadvantaged.

Through enlightened social attitudes, the concept of rehabilitation has reached unprecedented heights in the degree of public acceptance, understanding, and existing level of financial support. We need no longer be convinced of the merits of rehabilitation but rather need to focus our efforts on creating the conditions which make possible the difficult task of harmoniously integrating the "package" of rehabilitation services required to restore the physically and economically handicapped individuals in our society.

The 1965 Vocational Rehabilitation Amendments and their implications are quite far-reaching in breadth and depth. The mandate exists for serving not only a greater number of disabled but for making new inroads into segments of the population heretofore only tokenly served. In order to assist the States in the development of their vocational rehabilitation services over the next decade, the 1965 Amendments provided, among other purposes, for the opportunity to examine current practices and conditions which exist within the rehabilitation process.

Recent legislation made available to public and private nonprofit rehabilitation agencies many new resources designed to increase their ability to provide rehabilitation services. Recognizing that comprehensive planning efforts require a degree of interaction among the governmental and voluntary agencies concerned with the handicapped, we need to consider that, in a pluralistic society, a certain amount of overlapping inevitably exists, and perhaps may often even be desirable. Thus, there must be full awareness and understanding of such interaction and overlapping in order that resulting conflicts may be rationally resolved in insuring that optimum allocations between financial resources, organizational domains, and professional interests prevail.

In connection with the hearings on the 1965 Rehabilitation Amendments, the Late Congressman John E. Fogarty of Rhode Island noted that

> *"Despite other advances and the general affluence of this country, the vocational rehabilitation program is rehabilitating only about one-half the number of people each year that we could reasonably expect to be served under this Federal-State program. . .The proposal to authorize a two-year program of statewide planning in vocational rehabilitation has been needed for some time. The growth of this work, both in the States and in the Federal responsibilities, has brought us to a point where each State needs to carefully survey its existing resources, its principal unmet needs, and the visible requirements during the next several years."*

The findings, conclusions, and recommendations which follow should not be construed as being critical of the pace at which the State's vocational rehabilitation program has grown but rather as an attempt to respond to vocational rehabilitation's future challenge in maintaining its leadership role and in developing improved techniques for serving the broad spectrum of the disadvantaged and chronically disabled.

The hope that Congressman Fogarty expressed that the statewide planning ventures *"...be carried out with energy and imagination by each State..."* has served as a guiding force throughout the conduct of this planning venture.

Sherman Lazrus
Project Director

August 1968

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SUMMARY

The following is a summary of the recommendations proposed by the Governor's Study Group on Vocational Rehabilitation, Comprehensive Statewide Planning Project, to meet the needs of Maryland's handicapped citizens. (The Findings which identify these needs may be found in Chapter IV.) The costs, both in personnel and in dollars, to implement the recommendations are indicated for Fiscal Years 1970 through 1975 and are cumulative; i.e., *the cost figure for each year is the total amount of funds or personnel required to suppport the recommendations in that year.*

Where two sets of figures appear in the same column, the first number, in parentheses, represents the resources reasonably expected to be provided by *all* sources, whether Federal, State, private, or other. The second number in the column represents the State agency's (Division of Vocational Rehabilitation) share of projected program costs, *including* Federal matching funds. Future year cost estimates account for inflation and cost of living increases at a rate of 6% per year.

Summary Table 1, "Recapitulation of Recommendation Costs," summarizes the *total* cumulative costs of the Study's recommendations as well as the continuing costs of the current Fiscal Year 1969 program.

Summary Table 2, "Recommendations and Staffing Requirements," enumerates each recommendation and details the personnel requirements only. Where not otherwise indicated, the personnel cost estimates include overhead and/or operating expenses (space rental, heat, light, communications, travel, etc.). The priorities

attached to each recommendation are assigned on the basis of the degree of need for each recommendation as determined by public hearings, studies, and other investigations. Priority designations of 1, 2, or 3 denote the urgency of implementation on a continuum ranging from 1 through 3, with 1 being the most urgent.

Summary Table 3, "Costs of Recommendations, by Priority, FY 1969-FY 1975," summarizes the yearly costs of implementing the recommendations by order of priority groupings.

State agency budget estimates, which include projections of the increased cost of ongoing programs as well as the recommendations costs, are presented in Chapter V, below.

TABLE A

RECAPITULATION OF RECOMMENDATION COSTS[a]

Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars[b]	Case Services (Dollars)	Support to Facilities (Dollars)	Other Costs[c]	Continuing Costs[d]	Total Cumulative Costs
1970	(54.2) 50.2 Counselors (25) 21 Para-medical & subprofessional (18) 16 Secretaries & Clerks (6.1) 5 Other Professionals (103.3) 92.2	(1,203)1,108	1,597	1,081	45	790	3,991
1971	(100) 96 Counselors (.2) 0 Physicians (35) 31 Para-medical & subprofessional (26) 24 Secretaries & Clerks (7.1) 6 Other Professionals (168.3)157	(1,964)1,795	2,412	1,786	67	1,652	7,712
1972	(145.8)141.8 Counselors (.4) 0 Physicians (40) 36 Para-medical & subprofessional (46) 42 Secretaries & Clerks (12.1) 10 Other Professionals (244.3)229.8	(2,801)2,660	2,971	2,230	96	2,525	10,482
1973	(187.8)183.8 Counselors (.8) 0 Physicians (48) 40 Para-medical & subprofessional (58) 54 Secretaries & Clerks (9.3) 5 Other Professionals (303.9)282.8	(3,446)3,214	3,633	2,803	118	3,574	13,342

Table A (Continued)

Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars[b]	Case Services (Dollars)	Support to Facilities (Dollars)	Other Costs[c]	Continuing[d] Costs	Total Cumulative Costs
1974	(227.8)223.8 Counselors (.8) 0 Physicians (49) 41 Para-medical & subprofessional (73) 69 Secretaries & Clerks (9.3) 5 Other Professionals ((359.9)338.8	(4,497.5)4,252	4,190	3,078	138	4,411	16,069
1975	(268.8)264.8 Counselors (1) 0 Physicians (50) 42 Para-medical & subprofessional (88) 84 Secretaries & Clerks (14.3) 10 Other Professionals (422.1)400.8	(5,368.5)5,034	4,831	4,193	165	5,318	19,541

[a]All costs are expressed in thousands of dollars.

[b]Includes overhead and/or operating expenses (space rental, heat, light, communications, travel, etc.).

[c]Includes allocation to research, special projects, etc.

[d]Includes cost for expansion as well as for mandatory increases and normal increments in Fiscal Year 1969 program.

TABLE B

RECOMMENDATIONS AND STAFFING REQUIREMENTS

Recommendation	Priority	Implementation			
		Responsibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars* (000's)
DISABILITY CATEGORIES					
The Visually Impaired - *IT IS RECOMMENDED THAT:*					
1. *an additional counselor for the visually impaired be assigned to the Suburban Washington district office. In other district offices, expansion of the counseling staff to serve visually impaired should be made as this population is further identified.*	1	Div. of Voc.Rehab.	1970 1971 1972 1973 1974 1975	(1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns.	$(10)10 (10)10 (11)11 (11)11 (12)12 (12)12
The Hearing and Speech Impaired - *IT IS RECOMMENDED THAT:*					
2. *one vocational rehabilitation counselor be assigned to the Baltimore or Suburban Washington district office to work full-time with the hearing and speech impaired.*	2	Div. of Voc.Rehab.	1970 1971 1972 1973 1974 1975	(1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns (1)1 Couns.	(10)10 (10)10 (11)11 (11)11 (12)12 (12)12
3. *the Supervisor of the Deaf provide inservice training in sign language for those counselors having significant numbers of hearing impaired clients.*	3	Div. of Voc.Rehab.	1969	--	--
4. *hearing and speech clinics be established at one of the major hospitals on the Eastern Shore and in either Cumberland or Hagerstown. Plans for the establishment of these clinics should be made in line with recommendations which will be developed from the comprehensive health plan which will be undertaken in Fiscal Year 1969.* **	3	Div. of Voc.Rehab. and Health Dept.	1972 1973	1 Audiologist 1 Speech Ther. .2 Physician 1 Counselor 1 Clerk Overhead (4.2)1 2 Audiologists 2 Speech Ther. .4 Physican 2 Counselors 2 Clerks Overhead (8.4)2	9 8 4 10 5 6 (42)14 20 17 8 21 10 12 (88)29

*Cost in thousands of dollars.

**See note at end of this table.

Table B (Continued)

Recommendation	Priority	Implementation			
		Responsibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
4. (Continued)			1974	2 Audiologists	$ 22
				2 Speech Ther.	17
				.4 Physician	8
				2 Counselors	22
				2 Clerks	10
				Overhead	13
				(8.4)2	(92)31
			1975	2 Audiologists	22
				2 Speech Ther.	18
				.4 Physician	8
				2 Counselors	23
				2 Clerks	11
				Overhead	13
				(8.4)2	(95)32
Heart Disease, Cancer, and Stroke - *IT IS RECOMMENDED THAT:*					
5. *the Division of Vocational Rehabilitation, through its referral process, provide assistance in the establishment of registers of stroke, heart disease, and cancer patients.*	2	Div. of Voc.Rehab.	1970	--	--
6. *Statewide work evaluation units be established jointly by the State Department of Health and the Division of Vocational Rehabilitation for cardiac and stroke patients to assist vocational rehabilitation counselors in determining realistic limits for the employment of such clients.***	3	Div. of Voc.Rehab. and Health Dept.	1971	.2 Physician	4
				1 Counselor	10
				1 Secretary	6
				(2.2)1	(20)15
			1972	.2 Physician	4
				1 Counselor	11
				1 Secretary	6
				(2.2)1	(21)16
			1973	.4 Physician	8
				2 Counselors	22
				2 Secretaries	12
				(4.4)2	(42)32
			1974	.4 Physician	8
				2 Counselors	23
				2 Secretaries	12
				(4.4)2	(43)33

Table B (Continued)

Recommendation	Priority	Implementation			
		Responsibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
6. (Continued)			1975	.6 Physician 3 Counselors 3 Secretaries (6.6)3	$ 12 36 19 (67)47
The Mentally Ill - *IT IS RECOMMENDED THAT:*					
7. *vocational rehabilitation counselors be assigned, initially on a part-time basis, to each of the established community mental health centers in the State.* **	1	Div. of Voc.Rehab.	1970 1971 1972 1973 1974 1975	(.6).6 Couns. (.6).6 Couns. (1) 1 Couns. (1) 1 Couns. (1) 1 Couns. (1) 1 Couns.	(6) 6 (6) 6 (11)11 (11)11 (12)12 (12)12
8. *in the establishment of residential facilities for the mentally restored in the community, nonprofit corporations be urged to assume the leadership in funding such facilities in the event that State funds are not so earmarked.*	2	Nonprofit corp.	1970	--	--
9. *sheltered workshops be more fully utilized by the State agencies in the rehabilitation of the mentally restored. Vocational rehabilitation counselors should be made more aware of the value of these facilities through inservice training, etc.*	2	Div. of Voc.Rehab.	1969	--	--
The Mentally Retarded - *IT IS RECOMMENDED THAT:*					
10. *the vocational rehabilitation unit at Rosewood State Hospital be expanded by one counselor in order to reduce the backlog of individuals who could benefit from rehabilitation services.*	1	Div. of Voc.Rehab.	1970 1971 1972 1973 1974 1975	(1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns.	(10)10 (10)10 (11)11 (11)11 (12)12 (12)12

Table B (Continued)

Recommendation	Priority	Implementation			
		Responsibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
11. *individuals awaiting admission to Rosewood State Hospital be made known to the Baltimore City office of the Division of Vocational Rehabilitation in order that an assessment of the needs of these individuals could begin immediately. This could be done by assigning a full-time counselor to work with this population. Thus, many mentally retarded individuals could receive the necessary rehabilitation services without requiring costly and undesirable institutionalization.*	1	Div. of Voc.Rehab.	1970 1971 1972 1973 1974 1975	(1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns.	$(10)10 (10)10 (11)11 (11)11 (12)12 (12)12
12. *vocational rehabilitation counselors be made more cognizant of the value of sheltered and/or trainina workshops (i.e., through inservice training, etc.) for the mentally retarded clients.*	2	Div. of Voc.Rehab.	1969	--	--
13. *the private employment sector emulate the leadership taken by the Federal government in modifying their employment practices for hiring the mentally retarded through a careful examination of the employment standards currently in existence. The Maryland Governor's Committee to Promote Employment of the Handicapped should exercise their influence in achieving this desired objective.*	3	Private employment sector and Governor's Committee to Promote Emp.of the Handicapped	1969	--	--
<u>The Socially and Culturally Disadvantaged</u> - *IT IS RECOMMENDED THAT:*					
14. *additional vocational rehabilitation counselors be assigned to work in close coordination with the personnel in the applicable Community Action programs established in the respective counties in the State.* **	1	Div. of Voc.Rehab.	1970 1971 1972 1973 1974 1975	(.8).8 Couns. (.8).8 Couns. (.8).8 Couns. (.8).8 Couns. (.8).8 Couns. (.8).8 Couns.	(8) 8 (8) 8 (9) 9 (9) 9 (10)10 (10)10

Table B (Continued)

Recommendation	Priority	Implementation			
		Respon-sibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
15. *the Vocational Rehabilitation counseling unit be strengthened within the Baltimore City Concentrated Employment Program by the addition of another vocational rehabilitation counselor.*	1	Div. of Voc.Rehab.	1970 1971 1972 1973 1974 1975	(1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns.	$(10)10 (10)10 (11)11 (11)11 (12)12 (12)12
16. *medical information data of the Baltimore City Health Department be made available to the vocational rehabilitation counselor prior to his seeing Concentrated Employment Program applicants at intake in order to expedite eligibility determination for vocational rehabilitation services.*	1	Baltimore City Health Dept.	1969	--	--
The Alcoholic - *IT IS RECOMMENDED THAT:*					
17. *as the desperately needed detoxification units, treatment centers, rehabilitation units, and outpatient clinics for alcoholics are expanded in Maryland, vocational rehabilitation take an active part in the staffing of the proposed and existing rural and regional clinics and centers through the initial assignment of part-time counselors.***	2	Div. of Voc.Rehab.	1971 1972 1973 1974 1975	(3)3 Couns. (3)3 Couns. (3)3 Couns. (3)3 Couns. (3)3 Couns.	(30)30 (33)33 (33)33 (36)36 (36)36
18. *one vocational rehabilitation counselor be assigned as soon as possible to the Baltimore Alcoholism Center where there is a demonstrated need for rehabilitation services.*	1	Div. of Voc.Rehab.	1970 1971 1972 1973 1974 1975	(1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns.	(10)10 (10)10 (11)11 (11)11 (12)12 (12)12
19. *in order to provide for the increased need of vocational rehabilitation participation in the programs related to the total rehabilitation of alcoholics, a supervisor be designated in the headquarters staff*	2	Div. of Voc.Rehab.	1970	--	--

Table B (Continued)

Recommendation	Priority	Implementation			
		Responsibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
19. (Continued) *of the Division of Vocational Rehabilitation to administer a rehabilitation program for alcoholics.*					
20. *the Division of Vocational Rehabilitation encourage and support sheltered workshop programs for those recovering alcoholics who need a period of work adjustment, work conditioning, etc.*	2	Div. of Voc.Rehab.	1970	--	--
21. *the Division of Vocational Rehabilitation be an integral part of the operational planning group establishing the Statewide program for the rehabilitation of alcoholics. The use of the Federal-State funding formula (3-to-1 matching ratio) could thus ease the burden on State fiscal resources.*	2	Div. of Voc.Rehab.	1969	--	--
22. *the Division of Vocational Rehabilitation field service unit assume the responsibility for insuring acceptance for services of those individuals who are actively under treatment by an alcoholic unit or clinic and for whom necessary services must be provided for an indefinite period of time.*	1	Div. of Voc.Rehab.	1970	--	--
PROGRAMS The Aging - *IT IS RECOMMENDED THAT:* 23. *the Division of Vocational Rehabilitation explore with the Commission on the Aging and private rehabilitation agencies the range of additional possible services that may be rendered the disabled aging worker.*	3	Div. of Voc.Rehab.	1969	--	--

Table B (Continued)

Recommendation	Priority	Implementation			
		Responsibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
24. *the Division of Vocational Rehabilitation work closely with hospitals and nursing homes which deal primarily with geriatric problems to set up programs of counseling and evaluations for persons who have been physically and mentally restored to a condition where productivity is both desirable and feasible.*	2	Div. of Voc. Rehab.	1969	--	--
25. *a portion of the annual budget of the Division of Vocational Rehabilitation be set aside for the support and utilization of added workshops in order to alleviate the heavy load of the public and private welfare agencies who are faced with the growing problem of many unemployed older persons. Opportunity centers and workshops, private or State subsidized, should be established in, or in proximity to, homes and/or hospitals for the elderly.***	2	Div. of Voc. Rehab.	1970 1971 1972 1973 1974 1975	-- -- -- -- -- --	$(50) 50 (75) 75 (100)100 (125)125 (150)150 (175)175
Correctional Rehabilitation - *IT IS RECOMMENDED THAT:*					
26. *concomitant with the planning of a rehabilitation unit at the Department of Correctional Services Reception and Evaluation Center, a rehabilitation counselor be assigned, at the outset, to the Maryland House of Correction in Jessup, Maryland. This counselor would screen and evaluate those inmates now nearing completion of their sentences and needing assistance in making a vocational adjustment in the community, along with those individuals assigned from the Reception and Evaluation Center in Baltimore.*	1	Div. of Voc.Rehab.	1970 1971 1972 1973 1974 1975	(1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns.	(10)10 (10)10 (11)11 (11)11 (12)12 (12)12

Table B (Continued)

Recommendation	Priority	Implementation			
		Responsibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
27. *a rehabilitation counselor be assigned, initially on a part-time basis, to the Maryland Correctional Institution for Women in Jessup, Maryland, to provide necessary vocational rehabilitation services to this population.*	1	Div. of Voc.Rehab.	1970 1971 1972 1973 1974 1975	(.2).2 Couns. (.2).2 Couns. (.2).2 Couns. (.2).2 Couns. (.2).2 Couns. (.2).2 Couns.	$ (2) 2 (2) 2 (2) 2 (2) 2 (2) 2 (3) 3
28. *a rehabilitation counselor be assigned, initially on a part-time basis, to the Correctional Camp Center in Jessup, Maryland, to screen and evaluate the inmates for rehabilitation potential and to provide services for their employment in the community.*	1	Div. of Voc.Rehab.	1970 1971 1972 1973 1974 1975	(.2).2 Couns. (.2).2 Couns. (1) 1 Couns. (1) 1 Couns. (1) 1 Couns. (1) 1 Couns.	(2) 2 (2) 2 (11)11 (11)11 (12)12 (12)12
29. *in the near future, vocational rehabilitation counselors be assigned, initially on a part-time basis, to each of the other four correctional camps in the State in line with the increased utilization of these facilities by the Department of Correctional Services.*	2	Div. of Voc.Rehab.	1971 1972 1973 1974 1975	(.8).8 Couns. (.8).8 Couns. (.8).8 Couns. (.8).8 Couns. (.8).8 Couns.	(8) 8 (9) 9 (9) 9 (10)10 (10)10
<u>Economic Opportunity Programs</u> - *IT IS RECOMMENDED THAT:* 30. *the Division of Vocational Rehabilitation, as soon as possible, develop with the State Office of Economic Opportunity a working agreement that will define and delineate the areas of service to be extended by the Division of Vocational Rehabilitation to the disabled poor who are enrolled in anti-poverty programs. (See Findings for specific proposals to be included in the agreement.)*	1	Div. of Voc.Rehab.	1969	--	--

Table B (Continued)

Recommendation	Priority	Implementation			
		Responsibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
31. *in Baltimore and in other areas where there is a Community Action Agency in existence, a written agreement be developed and implemented between the Community Action Agency and the Division of Vocational Rehabilitation. (See Findings for specific proposals to be included in the agreement.)*	1	Div. of Voc.Rehab.	1969	--	--
Facilities and Workshops - *IT IS RECOMMENDED THAT:*					
32. *in the development of the priorities by the Division of Vocational Rehabilitation, consideration be given to (1) increasing the State's financial support in expanding the smaller workshops to become more effective but recognizing that the private sector has a role in assisting in this strengthening process (i.e., through perhaps a private nonprofit Statewide corporation which could provide essential direction and liaison for the growth and development of a network of satellite workshops); (2) planning of facilities and workshops on an area basis; and (3) encouraging multiple disability workshops.*	1	Div. of Voc.Rehab.	1970	--	--
The Military Rejectee - *IT IS RECOMMENDED THAT:*					
33. *the Division of Vocational Rehabilitation work with the Health Department and the Maryland State Employment Service in structuring further programs of counseling and rehabilitation for selective service and other military rejectees,*	3	Div.of Voc. Rehab., Md. State Emp. Service and Health Dept.	1972	1 Counselor 1 Secretary (2)2	$(10)10 (8) 8 (18)18
			1973	1 Counselor 1 Secretary (2)2	(11)11 (8) 8 (19)19

Table B (Continued)

Recommendation	Priority	Implementation			
		Responsibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
33. (Continued) *particularly those who are unemployed and purportedly unemployable.***			1974	1 Counselor 1 Secretary (2)2	$(12)12 (9) 9 (21)21
			1975	1 Counselor 1 Secretary (2)2	(12)12 (9) 9 (21)21
The Rural Disabled - *IT IS RECOMMENDED THAT:*					
34. *the Division of Vocational Rehabilitation continue to extend its services, where needed, to any migratory worker and that any "intention of residence" requirements be removed.*	3	Div. of Voc.Rehab.	--	--	--
35. *the Division of Vocational Rehabilitation cosponsor and support mobile or permanent regional diagnostic and training facilities to serve the rural disabled in their own rural communities, utilizing Health Department services and, at the same time, encouraging the establishment of evaluation and workshop facilities in each area.*	2	Div. of Voc.Rehab. and Health Dept.	1971	--	--
Social Security and Vocational Rehabilitation - *IT IS RECOMMENDED THAT:*					
36. *the current screening criteria used by the Social Security Disability Determination Unit be updated to reflect the 1965 Amendments to the Vocational Rehabilitation Act as well as the 1967 Amendments to the Social Security Act which broaden the base of eligibility for vocational rehabilitation services.*	1	Div. of Voc.Rehab.	1969	--	--

Table B (Continued)

Recommendation	Priority	Implementation			
		Responsibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
37. *the Division of Vocational Rehabilitation field services unit assume the responsibility, on a Statewide basis, for assuring maximum coordination of the Social Security Trust Fund Program.*	1	Div. of Voc.Rehab.	1969	--	--
38. *the Division of Vocational Rehabilitation counseling staff be expanded to include at least four more Trust Fund counselors who would work on a full-time basis with the allowed Trust Fund applicants.* **	1	Div. of Voc.Rehab.	1970 1971 1972 1973 1974 1975	(4)0 Couns. (4)0 Couns. (4)0 Couns. (4)0 Couns. (4)0 Couns. (4)0 Couns.	$(40)0 (40)0 (44)0 (44)0 (48)0 (48)0
39. *the workshops in the State (both those which exist now and those which will be instituted in the future) have available a full array of services (including work-conditioning and work-tryouts programs) whereby, through the assessment and work adjustment programs, Social Security Disability Insurance beneficiary clients will be able to realize their maximum employment potential.*	3	Div. of Voc.Rehab.	1969	--	--
Disabled Youth - *IT IS RECOMMENDED THAT:*					
40. *since preventive rehabilitation results in demonstrated economic benefits, the Division of Vocational Rehabilitation and the various public school systems throughout the State explore the advantages to be realized from the establishment of regular school programs for disturbed adolescents by emulating the Innovation Project for the Vocational Rehabilitation of Emotionally Disturbed Adolescents in Hagerstown, Maryland.*	2	Div. of Voc.Rehab.	1969	--	--

Table B (Continued)

Recommendation	Priority	Implementation			
		Responsibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
Workmen's Compensation - *IT IS RECOMMENDED THAT:*					
41. *the Division of Vocational Rehabilitation assign a vocational rehabilitation counselor to the Workmen's Compensation Commission to assist in the screening, referral, and counseling process. (This approach could improve the delivery of services to the handicapped worker through expediting his involvement in a rehabilitation program.) This individual would be compensated within the State Department of Education salary structure.*	1	Div. of Voc.Rehab.	1970 1971 1972 1973 1974 1975	(1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns.	$(10)10 (10)10 (11)11 (11)11 (12)12 (12)12
42. *weekly incentive maintenance benefits be awarded to industrially injured vocationally handicapped workers which would begin on the date of the workers' entrance into a full-time active program of rehabilitation evaluation, work adjustment, and/or vocational training as determined by the vocational rehabilitation agency and would terminate at the conclusion of said program of preparation for employment.* **	1	Workmen's Comp.Comm.	1969	--	--
Homebound Programs - *IT IS RECOMMENDED THAT:*					
43. *an entire concept of homebound programs be developed at the State level in order to set up an organized program to serve the severely disabled who are not now being served and who could profit from such a program.*	2	Div. of Voc.Rehab.	1971 1972 1973 1974 1975	(1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns. (1)1 Couns.	$(10)10 (11)11 (11)11 (12)12 (12)12

Table B (Continued)

Recommendation	Priority	Implementation			
		Responsibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
INTERAGENCY COORDINATION OF SERVICE PROGRAMS					
State Employment Service - *IT IS RECOMMENDED THAT:*					
44. *no later than June 1969, the cooperative agreement between the Maryland State Employment Service and the Division of Vocational Rehabilitation be rewritten to include the programs which have resulted from recent Federal legislation (Vocational Rehabilitation Amendments of 1965 and the Manpower Development Training Act) governing these two agencies. (See Findings for suggested items to be included in the new agreement.)*	1	Div.of Voc. Rehab. and Md. State Emp.Service	1969	--	--
Public Welfare - *IT IS RECOMMENDED THAT:*					
45. *a new updated formal agreement be developed and executed by the Division of Vocational Rehabilitation and the Department of Social Services, as soon as possible, to delineate and define the responsibilities of each agency in serving each eligible welfare client, according to established and agreed-upon priorities. (See Findings for suggested items to be included in the proposed agreement.)*	1	Div. of Voc.Rehab. and Dept.of Social Services	1969	--	--
46. *vocational rehabilitation counselors, who work with welfare recipients, be part of the team which initially screens these applicants. Such identification of welfare recipients who may be eligible for vocational rehabilitation services should be made early and quickly, subject to confirmation by subsequent medical examination, test results, and evaluative procedures.*	1	Div. of Voc.Rehab.	1969	--	--

Table B (Continued)

Recommendation	Priority	Implementation			
		Respon-sibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
47. *consideration be given to the establishment of programs similar to the pilot program cooperatively undertaken in 1968 by the Department of Social Services, the Department of Health, and the Division of Vocational Rehabilitation in serving a target group of 1,000 to 2,500 disabled male recipients of aid to families with dependent children, thus utilizing the services of the three agencies to their fullest extent.*	2	Div. of Voc.Rehab.	1970	--	--
Education - *IT IS RECOMMENDED THAT:*					
48. *proposals for cooperative agreements between the Division of Vocational Rehabilitation and County Boards of Education be made an integral part of the agreements themselves so as to insure understanding and acceptance by both parties. In addition, more frequent team conferences should be scheduled to minimize areas of misunderstanding and to clarify respective participant responsibilities.*	1	Div. of Voc.Rehab. and Dept.of Education	1970	--	--
49. *Education-Vocational Rehabilitation agreements be entered into as soon as possible with the twelve counties not having such agreements, incorporating the terms of the proposals and expanded services to junior high school students. (See Findings on this subject for suggested items to be included in the agreements.)* **	1	Div. of Voc.Rehab. and Dept.of Education	1970	4 Counselors 2 Secretaries Overhead (6) 6	$(40) 40 (12) 12 (12) 12 (64) 64
			1971	8 Counselors 4 Secretaries Overhead (12)12	(80) 80 (24) 24 (24) 24 (128)128
			1972	12 Counselors 6 Secretaries Overhead (18)18	(132)132 (36) 36 (36) 36 (204)204

Table B (Continued)

Recommendation	Priority	Implementation			
		Responsibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
49. (Continued)			1973	18 Couns. 9 Secy. Overhead (27)27	$(198)198 (54) 54 (50) 50 (302)302
			1974	24 Couns. 12 Secy. Overhead (36)36	(288)288 (72) 72 (64) 64 (424)424
			1975	30 Couns. 15 Secy. Overhead (45)45	(360)360 (90) 90 (78) 78 (528)528
50. *where no vocational evaluation services for disabled students exist or are in very short supply, consideration be given to the establishment of mobile evaluative units to be used by the Education-Vocational Rehabilitation units.*	1	Div. of Voc.Rehab. and Dept.of Education	1970	--	--
51. *full use (after school hours) be made of all vocational education shops and facilities by the Education-Vocational Rehabilitation units for training and evaluation.*	1	Div. of Voc.Rehab. and Dept.of Education	1969	--	--
52. *as part of the eligibility requirements for vocational rehabilitation services, the emotionally impaired and intellectually impaired (regardless of etiology of the impairment) be listed in the Education-Vocational Rehabilitation agreements.*	1	Div. of Voc.Rehab. and Dept.of Education	1969	--	--
53. *the Division of Vocational Rehabilitation examine (e.g., through demonstration projects) how it can treat the potential dropout and the dropout and determine if its plan for service is related to the problems the dropout has in the area of education and future employment.*	1	Div. of Voc.Rehab.	1969	--	--

Table B (Continued)

Recommendation	Priority	Implementation			
		Responsibility	Year	Staffing Requirements	
				Number of Personnel	Dollars (000's)
Public Health - *IT IS RECOMMENDED THAT:*					
54. *the Division of Vocational Rehabilitation work more closely with the Health Department clinics in order to identify patients needing rehabilitation services from the groups eligible for medical assistance (particularly the medically indigent and unemployed youth).*	2	Div. of Voc.Rehab.	1970	--	--
Voluntary Agencies - *IT IS RECOMMENDED THAT:*					
55. *where voluntary agencies furnish workshop, therapy, or other evaluative services to the Division of Vocational Rehabilitation, a Statewide network of agreements with all such agencies be developed and implemented. In these agreements, the respective duties, activities, referral procedures, and range of services offered should be outlined by each party to the agreement.*	2	Div. of Voc.Rehab.	1970	--	--
Juvenile Delinquents - *IT IS RECOMMENDED THAT:*					
56. *the Division of Vocational Rehabilitation and the State Department of Juvenile Services enter into a cooperative agreement as soon as possible.*	1	Div. of Voc.Rehab. and Dept. of Juv. Services	1969	--	--
57. *vocational rehabilitation counselors be assigned, initially on a part-time basis, to each of the 24 juvenile courts in the State so that juvenile offenders who are eligible for vocational rehabilitation services can be assisted in developing*	1	Div. of Voc.Rehab.	1972 1973 1974 1975	(3)3 Couns. (3)3 Couns. (3)3 Couns. (3)3 Couns.	$(33)33 (33)33 (36)36 (36)36

Table B (Continued)

Recommendation	Priority	Implementation			
		Responsibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
57. (Continued) *a rehabilitation plan at the earliest possible time following (or preceding) disposition action by the court.***					
58. *a vocational rehabilitation counselor be assigned, initially on a part-time basis, to each of the juvenile institutions in the State (Maryland Children's Center, Thomas J. S. Waxter Children's Center, Boys' Village of Maryland, Maryland Training School for Boys, Montrose Training School for Girls, and Victor Cullen School).***	1	Div. of Voc.Rehab.	1970 1971 1972 1973 1974 1975	(1)1 Couns. (1)1 Couns. (2)2 Couns. (2)2 Couns. (2)2 Couns. (2)2 Couns.	$(10)10 (10)10 (22)22 (22)22 (24)24 (24)24
59. *initially there be assigned at least two vocational rehabilitation counselors to the Baltimore City district office and two to the Suburban Washington district offices (one in Hyattsville and one in Rockville) to work primarily with the juvenile offenders following incarceration and return to their county of residence.*	1	Div. of Voc.Rehab.	1970 1971 1972 1973 1974 1975	(4)4 Couns. (2)2 Secy. (6)6 (4)4 Couns. (2)2 Secy. (6)6 (4)4 Couns. (2)2 Secy. (6)6 (4)4 Couns. (2)2 Secy. (6)6 (4)4 Couns. (2)2 Secy. (6)6 (4)4 Couns. (2)2 Secy. (6)6	(40)40 (16)16 (56)56 (40)40 (16)16 (56)56 (44)44 (18)18 (62)62 (44)44 (18)18 (62)62 (48)48 (20)20 (68)68 (48)48 (20)20 (68)68

Table B (Continued)

Recommendation	Priority	Implementation			
		Respon-sibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
60. *rehabilitation counselors be assigned to the Department of Juvenile Services' forestry camps, initially on a part-time basis, to carefully screen and evaluate these juveniles in terms of their rehabilitation potential.***	1	Div. of Voc.Rehab.	1970 1971 1972 1973 1974 1975	(.2).2 Couns. (.2).2 Couns. (.6).6 Couns. (.6).6 Couns. (.6).6 Couns. (.6).6 Couns.	$ (2)2 (2)2 (6)6 (6)6 (7)7 (7)7
61. *residential facilities be established for released juvenile delinquents as soon as possible in the Metropolitan Baltimore area as well as in the Metropolitan Washington area. Serious consideration should also be given to the future establishment of a residential facility in the Central Maryland geographical area (i.e., Hagerstown). These facilities would be jointly funded by the Division of Vocational Rehabilitation and the State Department of Juvenile Services (utilizing capital funds from the Department of Juvenile Services and Section II matching funds from the Division of Vocational Rehabilitation) with actual operation the responsibility of the State Department of Juvenile Services.* **	2	Div. of Voc.Rehab. and Dept. of Juv. Services	1970 1971 1972 1973	1 Youth Resident Supv. 4 Group Living Supv. .1 Consultant .2 Counselor Overhead (5.3).2 1 Youth Res. Supv. 4 Gr.Lvg.Supv. .1 Consultant .2 Counselor Overhead (5.3).2 1 Youth Res. Supv. 4 Gr.Lvg.Supv. .1 Consultant .2 Counselor Overhead (5.3).2 2 Youth Res. Supv. 8 Gr.Lvg.Supv. .3 Consultant .4 Counselor Overhead (10.7).4	6.5 13 1.5 2 35 (58)20 6.5 13 1.5 2 35 (58)20 7 14 3 2 37 (63)21 14 28 5 4.5 75 (126)32

Table B (Continued)

Recommendation	Priority	Implementation			
		Respon-sibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
61. (Continued)			1974	2 Youth Res. Supv.	$ 15
				8 Gr.Lvg.Supv.	30
				.3 Consultant	5.5
				.4 Counselor	5
				Overhead	78
				(10.7).4	(133.5)33
			1975	2 Youth Res. Supv.	16
				8 Gr.Lvg.Supv.	32
				.3 Consultant	6
				.4 Counselor	5.5
				Overhead	80
				(10.7).4	(139.5)34
Cooperative Area Manpower Planning System - *IT IS RECOMMENDED THAT:*					
62. *the Division of Vocational Rehabilitation continue to play an active role in the Cooperative Area Manpower Planning System programs, and project its needs for adequate staffing on the basis of increasing services to the subemployed as well as the unemployed--particularly the disabled poor.*	3	Div. of Voc.Rehab.	1970	--	--
Neighborhood Centers - *IT IS RECOMMENDED THAT:*					
63. *the counselor staff of the Baltimore office of Vocational Rehabilitation be enlarged to accurately reflect the needs that exist as uncovered by anti-poverty programs. Counselors assigned to the target area group should maintain a close working relationship with the neighborhood center counselors and utilize all of the other health and social service agency services which cooperate with the Community Action Agency program.* **	1	Div. of Voc.Rehab.	1970	34 Couns.	340
				10 Secy.	80
				(44)44	(420) 420
			1971	68 Couns.	695
				20 Secy.	160
				(88)88	(855) 855
			1972	102 Couns.	1122
				30 Secy.	270
				(132)132	(1392)1392

Table B (Continued)

Recommendation	Priority	Implementation			
		Responsibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
63. (Continued)			1973	136 Couns. 40 Secy. (176) 176	$1496 360 (1856) 1856
			1974	170 Couns. 50 Secy. (220) 220	2040 500 (2540) 2540
			1975	204 Couns. 60 Secy (264) 264	2448 600 (3048) 3048
Model Cities - *IT IS RECOMMENDED THAT:* 64. *the Division of Vocational Rehabilitation assume an active part in the Model Cities planning for Baltimore and in the forthcoming Model City program for Prince Georges County.*	2	Div. of Voc.Rehab.	1970	--	--
COORDINATION WITH OTHER STATE PLANNING *IT IS RECOMMENDED THAT:* 65. *a planning body be designated to function in the area of human resources development much as the Governor's Interagency Committee on Comprehensive Health Planning is to serve in the development of health programs. (See Recommendation No. 78 below.)*					

Table B (Continued)

Recommendation	Priority	Implementation			
		Responsibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
ADMINISTRATIVE ASPECTS					
Public Relations - *IT IS RECOMMENDED THAT:*					
66. *the Division of Vocational Rehabilitation develop an organized program of public information utilizing all possible mass communication media. This program would have the objective of improving and increasing the effectiveness and support of vocational rehabilitation through a multi-faceted approach. (See Findings for specific proposals in this area.)*	1	Div. of Voc.Rehab.	1970	1 Public Info Officer 1 Secy. Media (2)2	$ 12 8 128 (148)148
			1971	1 P.I.O 1 Secy Media (2)2	12 8 180 (200)200
			1972	2 P.I.O. 1 Secy. Media (3)3	22 9 205 (236)236
			1973	2 P.I.O. 1 Secy. Media (3)3	22 9 231 (262)262
			1974	2 P.I.O. 1 Secy. Media (3)3	24 10 257 (291)291
			1975	3 P.I.O. 2 Secy. Media (5)5	34 20 285 (339)339
Administrative and Operational Aspects - *IT IS RECOMMENDED THAT:*					
67. *the proper role and function of the Division of Vocational Rehabilitation's field services operation be recognized through the upgrading of the Director of Field Services to the position of First Assistant Director of the Division of Vocational*	1	Div. of Voc.Rehab.	1970	--	--

Table B (Continued)

Recommendation	Priority	Implementation			
		Responsibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
67. (Continued) *Rehabilitation with all other activities or functions being subordinate in level of responsibility.*					
68. *the field services unit of the Division of Vocational Rehabilitation assume responsibility for the provision of all client-centered services (operational and direct) performed throughout the State through establishment of uniform standards of services for clients in Maryland regardless of where they might reside. The need for insuring comparability between recent Federal legislation and the most recent Maryland State Plan of Operations thus becomes paramount.*	1	Div. of Voc.Rehab.	1970	--	--
69. *the Maryland vocational rehabilitation agency utilize a complexity index to augment the production index and supervisory rating currently used in assessing counselor performance. (See Findings for specific proposals in this area.)*	1	Div. of Voc.Rehab.	1970	--	--
Administrative Location of the State Vocational Rehabilitation Agency - *IT IS RECOMMENDED THAT:*					
70. *the Governor, through his Task Force on Modern Management, consider the advantages of the development of a human resources agency which would include those agencies essential for insuring proper coordination of rehabilitation-related services. This recommendation is based on the concept that large quantitative and qualitative improvements can be made in the organization and delivery of the State's social services.*	2	Task Force on Modern Management	1970	--	--

Table B (Continued)

Recommendation	Priority	Implementation			
		Responsibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
Personnel Recruitment, Training, and Utilization - *IT IS RECOMMENDED THAT:*					
71. *the Division of Vocational Rehabilitation introduce into its personnel structure counselor aide positions to assist the professional counseling staff in the day-to-day provision of services to clients.***	1	Div. of Voc.Rehab.	1970	(21)21 Couns. Aides	$(126)126
			1971	(31)31 Couns. Aides	(186)186
			1972	(35)35 Couns. Aides	(245)245
			1973	(38)38 Couns. Aides	(266)266
			1974	(39)39 Couns. Aides	(312)312
			1975	(40)40 Couns. Aides	(320)320
Utilization of Completed Research - *IT IS RECOMMENDED THAT:*					
72. *the Division of Vocational Rehabilitation take positive action in periodically reviewing and assessing completed rehabilitation research results for implementation in order that the handicapped citizens of the State can receive the benefits of improved and/or more effective services.*	2	Div. of Voc.Rehab.	1970	--	--
Budget Planning for Vocational Rehabilitation - *IT IS RECOMMENDED THAT:*					
73. *a position of program analyst be established within the Division of Vocational Rehabilitation to administer a program analysis unit*	1	Div. of Voc.Rehab.	1970	1 Prog.Anal. 1 Secretary Overhead (2)2	15 8 2 (25)25

Table B (Continued)

Recommendation	Priority	Implementation			
		Responsibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
73. (Continued) *having the responsibility of providing technical skills and direction for a planning, programming, budgeting system.*			1971	1 Prog.Anal. 1 Secretary Overhead (2)2	$ 16 8 4 (28)28
			1972	2 Prog.Anal. 1 Secretary Overhead (3)3	28 10 4 (42)42
			1973	2 Prog.Anal. 1 Secretary Overhead (3)3	28 10 5 (43)43
			1974	2 Prog.Anal. 1 Secretary Overhead (3)3	31 11 6 (48)48
			1975	2 Prog.Anal. 1 Secretary Overhead (3)3	31 11 6 (48)48
SPECIAL PLANNING TOPICS **Architectural Barriers** - *IT IS RECOMMENDED THAT:* 74. *the Division of Vocational Rehabilitation and the Governor's Committee to Promote Employment of the Handicapped sustain the program of education Statewide of citizens regarding the recently enacted law and regulations covering barrier-free facilities for the handicapped. Architects, builders, and others involved in every stage of construction of new buildings to be used by the public should be contacted and made fully aware of the provisions of the law and regulations.*	2	Div.of Voc. Rehab. and Gov.Comm.to Promote Emp. of the Hand.	1970	--	--

Table B (Continued)

Recommendation	Priority	Implementation			
		Responsibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
Transportation - *IT IS RECOMMENDED THAT:*					
75. *the local educational systems and the local offices of the Division of Vocational Rehabilitation maintain a close contact with the transportation officer of the State Department of Education to give a current estimate of unmet needs and a projection for future needs of handicapped citizens of all ages who are unable to provide for their own transportation to and from school, employment, workshops, and other special facilities which serve the handicapped.* **	3	Div. of Voc.Rehab. and Dept.of Education	1970	--	$(50)25
Job Development and Placement - *IT IS RECOMMENDED THAT:*					
76. *the Division of Vocational Rehabilitation, Division of Vocational Education, and the Maryland State Employment Service explore in detail alternative ways for increasing job development and placement for the State's disadvantaged citizenry (including the handicapped and the "hard core" unemployed). Such efforts should culminate in a detailed plan for increasing industrial demand for these workers.*	2	Div.of Voc. Rehab.,Div. of Voc.Educ. and Md.State Emp.Service	1970	--	--
Programs in Partnership with Private Industry - *IT IS RECOMMENDED THAT:*					
77. *the Governor's Committee to Promote Employment of the Handicapped accelerate its efforts, in each community, to bring together industry, the disabled, and agencies serving the disabled.*	3	Gov.Comm.to Promote Emp. of the Hand.	1970	--	--

Table B (Continued)

Recommendation	Priority	Responsibility	Implementation		
			Year	Staffing Requirements	
				Number of Personnel	Dollars (000's)
GOVERNOR'S COMMISSION ON REHABILITATION					
IT IS RECOMMENDED THAT:					
78. *in line with the findings and conclusions of this final report, the form and function of the Governor's Study Group on Vocational Rehabilitation, which terminates at the end of the current grant period in August 1968, be merged with the Interdepartmental Council and Advisory Committee on the Handicapped and expanded into a permanent Governor's Commission on Rehabilitation. The concept of such a coordinating body to cut across all categorical programs would call for expanding the role of the Interdepartmental Council (established by Resolution in 1968) and would draw its membership from the State Departments of Social Services, Education, Special Education, Vocational Rehabilitation, Health, and Mental Hygiene; Maryland State Employment Service; and the Departments of Correctional Services, Juvenile Services, and Parole and Probation. The focus of this body would be on coordinating human resources development, encompassing the health and health-related program areas, at a supra-agency level so that the effectiveness of planning for comprehensive services may be maximized.*	1	Executive Department	1970	1 Exec.Secy. 1 Secretary (2)2	$ 12 8 (20)3
			1971	1 Exec.Secy. 1 Secretary (2)2	13 9 (22)3
			1972	1 Exec.Secy. 1 Secretary (2)2	15 10 (25)3
			1973	1 Exec.Secy. 1 Secretary (2)2	17 11 (28)3
			1974	1 Exec.Secy. 1 Secretary (2)2	19 12 (31)4
			1975	1 Exec.Secy. 1 Secretary (2)2	21 14 (35)4

Table B (Continued)

Recommendation	Priority	Implementation			
		Responsibility	Year	Staffing Requirements: Number of Personnel	Staffing Requirements: Dollars (000's)
CONTINUED PLANNING AND FOLLOW-UP					
Periodic Review of Entire Plan - *IT IS RECOMMENDED THAT:*					
79. *in each succeeding three-year interval, the State vocational rehabilitation agency update its long-range plan for serving the disabled citizens of the State of Maryland. This updating should include an in-depth identification of the State's handicapped citizenry in order that a register of needs and services of this population may ultimately be established. These updating, or re-appraisal, efforts should utilize groups such as a State Advisory body and Regional Task Force(s) in its approach.*	1	Div.of Voc. Rehab., Health Dept. and State Planning Dept.	1972 1975	-- --	$(100)33 (100)33
Continued Program Planning - *IT IS RECOMMENDED THAT:*					
80. *recognition be given to the need for continued program planning within the State vocational rehabilitation agency. In connection with this responsibility, a planning staff should be established to function continually and with due regard for program implications of the rehabilitation agency and other rehabilitation-related State agencies. This staff should utilize the advice and consultation of a State Advisory body as an integral part of the planning process.***	1	Div. of Voc.Rehab.	1970 1971 1972	1 Research Analyst 1 Admin.Asst. 1 Secretary (3)3 1 Res. Anal. 1 Admin.Asst. 1 Secretary (3)3 2 Res. Anal. 2 Admin.Asst. 1 Secretary 1 Clerk (6)6	15 13 8 (36)36 16 14 8 (38)38 30 27 9 6 (72)72

Table B (Continued)

Recommendation	Priority	Implementation			
		Responsibility	Year	Staffing Requirements	
				Number of Personnel	Dollars (000's)
80. (Continued)			1973	1 Res. Anal.	$ 17
				1 Admin.Asst.	14
				1 Secretary	9
				(3)3	(40)40
			1974	1 Res. Anal.	17
				1 Admin.Asst.	14
				1 Secretary	9
				(3)3	(40)40
			1975	2 Res. Anal.	33
				2 Admin.Asst.	29
				1 Secretary	10
				1 Clerk	7
				(6)6	(79)79

NOTES

Recom. Number

4 While the operation of speech and hearing clinics are primarily the responsibility of the Health Department, the Division of Vocational Rehabilitation nevertheless should assume a share of the funding of such clinics since a significant number of those individuals receiving these services are potential clients of the rehabilitation agency.

6 The suggestions for number and staffing of the work evaluation units are based upon the regional requirements of the cardiac and stroke patients within the State.

7 Currently, there are three community mental health centers in the State and initial assignment would be one day per week for each of three counselors.

14 Four counselors would be assigned to Community Action Programs, each devoting 1/5 of his time to the program.

17 Assignment of personnel is based on need for 15 counselors in the State devoting 1/5 of their time to serving alcoholics.

25 The implementation cost represents the allocation of the Division of Vocational Rehabilitation case service funds.

Table B (Continued)

Recom. Number	
33	Recommendation is based on contemplated need for restructuring of the first Military Rejectee Program which was terminated in 1968.
38	These positions are 100% Federally funded.
42	Subsequent to the preparation of this material, House Bill 979 was passed (and signed by the Governor) which, among other matters, provides for maintenance payments up to $40 per week for an individual undergoing vocational rehabilitation training "in the course of which he is required to live at a location other than his home." The employer and insurer pay the total costs of the weekly incentive maintenance payment. Although this Bill partially covers the recommendation, the provisions do not stipulate that maintenance benefits be provided to individuals who are engaged in training programs *while remaining at home*, or in rehabilitation evaluation, or work adjustment programs. Thus, House Bill 979 is somewhat more restrictive than that of the Study Group's recommendations which would apply to all such rehabilitation training at home or away from home.
49	Suggested staffing and scheduling of Education-Vocational Rehabilitation Units is based on the pattern established and anticipated expansion of services to county schools as they accept the proposals. By 1973, there should be more general acceptance of vocational rehabilitation planning which will require additional counselors as indicated.
57	Assignment of personnel is based on the need for 15 counselors in the State devoting 1/5 of their time to the juvenile courts. In some instances, one counselor would be assigned to cover more than one juvenile court.
58	Five counselors would be assigned, each devoting approximately 1/5 of his time to these institutions, with increase of time as indicated in 1972.
60	Assignment of personnel is based on two counselors devoting two days a month to these camps through 1972 and then would increase to six days a month.
61	The Division of Vocational Rehabilitation should share in the cost of the operation of these facilities on a 1/3 basis since approximately 1/3 of the population could be eligible Division of Vocational Rehabilitation clients.

Table B (Continued)

Recom. Number	
63	The present target area of need for additional vocational rehabilitation services has an estimated population of 150,000, 30% (50,000) of whom may be presumed to be disabled. Two-thirds of the disabled could be eligible for vocational rehabilitation services (roughly 30,000) which, if identified over a six-year period, is 5,000 or more per year. Thirty-four counselors, with case loads of 150 persons each, would need to be added each year to serve these clients.
71	The number of counselor aides is based on the ratio of approximately one counselor aide for every ten rehabilitation counselors.
75	A cooperative step in estimating the transportation needs of the handicapped should be a survey conducted jointly by the Division of Vocational Rehabilitation and the Department of Education, for which an expenditure of $50,000 has been suggested.
80	Increases in 1972 and 1975 relate to the periodic review noted in Recommendation 79.

SUMMARY TABLE C

RECOMMENDATION COSTS, BY PRIORITY, FY 1969-FY 1975

Priority Category	Year	Recommendation Number Reference	Total	Total Implementation Costs (Cost in Thousands of Dollars)			
				Staffing Requirements		Other Costs	Total Costs
				Number of Personnel	Cost		
All Priorities	1969	*	24	---	---	---	---
	1970	*	46	92.2	1,108	2,883	3,991
	1971	*	36	157	1,795	5,917	7,712
	1972	*	36	229.8	2,660	7,822	10,482
	1973	*	31	282.8	3,214	10,128	13,342
	1974	*	35	338.8	4,252	11,817	16,069
	1975	*	37	400.8	5,034	14,507	19,541
Priority 1	1969	16,30,31,36,37, 39,42,44-46, 51-53	13	---	---	---	---
	1970	1,2,7,10,11,14, 15,18,22,25-28, 38,41,49,58-61, 63,66-69,71,73, 78,80	29	91	1,078	2,764	3,842
	1971	1,2,7,10,11,14, 15,18,25-28,32, 38,41,48-50,58- 61,63,66,71,73, 78,80	28	150	1,702	5,700	7,402
	1972	1,2,7,10,11,14, 15,18,25-28,38, 41,49,56,58-61, 63,66,71,73, 78-80	27	219.8	2,530	7,523	10,053
	1973	1,2,7,10,11,14, 15,18,25-28,38, 41,49,56,58-61, 63,66	22	270.6	3,044	9,734	12,778
	1974	1,2,7,10,11,14, 15,18,25-28,38, 41,49,56,58-61, 63,66,71,73,78, 80	26	326.6	4,072	11,385	15,557

*See reference under each respective priority, below.

Table C (Continued

Priority Category	Year	Recommendation Number Reference	Total	Total Implementation Costs (Cost in Thousands of Dollars)			
				Staffing Requirements		Other Costs	Total Costs
				Number of Personnel	Cost		
Priority 1 (Cont'd)	1975	1,2,7,10,11,14, 15,18,25-28,38, 41,49,56,58-61, 63,66,71,73, 78-80	28	387.6	4,837	14,011	18,848
Priority 2	1969	9,12,21,24,40, 72	6	---	---	---	---
	1970	2,5,8,19,20,25, 47,54,55,61,64, 70,74,76	14	1.2	30	94	124
	1971	2,17,25,29,35, 43,61	7	6	78	187	265
	1972	2,17,25,29,43, 61	6	6	85	219	304
	1973	2,17,25,29,43, 61	6	6.2	96	250	346
	1974	2,17,25,29,43 61	6	6.2	103	183	286
	1975	2,17,25,29,43, 61	6	6.2	104	308	412
Priority 3	1969	3,13,23,34,39	5	---	---	---	---
	1970	62,75,77	3	---	---	25	25
	1971	6	1	1	15	30	45
	1972	4,6,33	3	4	45	80	125
	1973	4,6,33	3	6	74	144	218
	1974	4,6,33	3	6	77	149	226
	1975	4,6,33	3	7	93	188	281

NOTE: All dollar figures in this table represent the cost to the State agency (Division of Vocational Rehabilitation) for implementing the recommendations. The costs for each year are cumulative; i.e., the total amount of funds (or personnel) to support the recommendations in that year.

CHAPTER I

INTRODUCTION

A. Background Information on the Establishment of the Statewide Planning Program

In 1964, Governor J. Millard Tawes established the Governor's Study Group on Vocational Rehabilitation for the specific purpose of engaging in a study of the need for a comprehensive vocational rehabilitation center in the State of Maryland. Early in 1965, preliminary recommendations calling for the establishment of such a center, to be administered by the State Department of Education's Division of Vocational Rehabilitation, were submitted to the Governor. Shortly thereafter, the Governor accepted a Research and Demonstration Grant from the Department of Health, Education, and Welfare's Vocational Rehabilitation Administration to undertake a detailed Statewide study in order to finalize the size, detailed location, and program needs of such a center. The Governor's Study Group continued in existence as the sponsoring agent of the grant. In August 1966, the Governor's Study Group recommended the establishment of a Comprehensive Vocational Rehabilitation Center to be located on the grounds of Montebello State Hospital and, subsequently, a contract was drawn for the preparation of preliminary architectural plans.

In September 1966, Governor Tawes accepted a two-year planning grant from the Department of Health, Education, and Welfare's Vocational Rehabilitation

Administration for the purpose of developing a comprehensive Statewide vocational rehabilitation plan and further designated the Governor's Study Group to assume the responsibility for the conduct of the study. Although this grant was originally accepted under the Tawes Administration, the current Governor, Spiro T. Agnew, has since reaffirmed the desirability for conducting such a study and, in this connection, has added several of his own appointments to the Study Group's Board.

B. Statement of Purpose

The purpose of this project, in accord with the Vocational Rehabilitation Administration Act Amendments of 1965, is to develop a sound master plan including alternative approaches for the expansion of vocational rehabilitation services in the State of Maryland to an ever-increasingly segmented and differentiated clientele. In pursuit of the objective of insuring that services and resources are available to all of the State's handicapped citizens by 1975, the framework for development rests upon the concept of minimizing overlapping and/or duplication of services among the public and private agencies which are involved in the rehabilitation process.

C. Scope of Program

The scope of the project ranges from an assessment of current vocational rehabilitation programs and needs to a projection of future needs through 1975. Intermediate steps include the identification and definition of the State's disabled population, and an evaluation of existing programs, services, and facilities in moving to the formulation of a specific outline which can be followed in achieving the development of fully adequate vocational rehabilitation resources and programs within the State.

CHAPTER II

THE PLANNING ORGANIZATION

A. Designated Organization

1. The organization designated for the over-all responsibility of the Comprehensive Statewide Planning Project is the Governor's Study Group on Vocational Rehabilitation.

2. Method of appointment - Appointed by the Governor, the Board is composed of individuals representing the administrative heads of the major departments and commissions in the State government and representatives of the disabled, public and voluntary agencies, and industry.

3. Size - The Board consists of 15 members.

4. Functions - The Board of the Governor's Study Group is the policy-making body. An Executive Committee (composed of four members headed by the Chairman) was formed to handle administrative matters between full sessions of the Board.

5. Names and affiliations - The Board members are as follows:

****** *Dr. James E. Carson, Deputy Commissioner* (Chairman)
State Department of Mental Hygiene

****** *Dr. R. Kenneth Barnes*
Former Assistant State Superintendent in Vocational Rehabilitation
State Department of Education

Mr. Joseph G. Cannon
State Commissioner of Correction

Senator James Clark, Jr.
Maryland State Senate

Mrs. M. Elizabeth Colston
(Representative of State's disabled)

**Mr. Comer S. Coppie, Former Executive Director* (Former Chairman)
***Board of Trustees of the Maryland State Colleges*

Mr. Charles A. Della, President
Maryland-District of Columbia AFL-CIO

Mr. Norman Hebden, Chief
Capital Improvements Program
State Planning Department

Mr. Malcolm E. Hecht
(Representative of public and voluntary agencies)

Mr. Raleigh C. Hobson, Director
State Department of Social Services

Dr. R. Lee Hornbake
Vice-President for Academic Affairs
University of Maryland

**Dr. Albin O. Kuhn*
Vice-President for Baltimore Campuses
University of Maryland

Dr. James A. McCallum, Chief
Division of Hospital Operations
State Department of Health

Mr. William M. Perkins, Budget Analyst
Department of Budget and Procurement

***Mr. James G. Rennie, Retired Director*
State Department of Budget and Procurement

Mr. Chester A. Troy, Sr.
(Representative of industry)

Dr. David W. Zimmerman
Deputy State Superintendent of Schools
State Department of Education

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*Resigned
**Executive Committee.

B. State Advisory Committee

1. Method of appointment - Administrative heads of the major State departments and commissions and private agencies concerned with the problem of disability were requested by the Project Director to appoint representatives of their respective agencies to serve as members of a State Advisory Committee to the Governor's Study Group on Vocational Rehabilitation.

2. Size - The Committee consists of 24 members.

3. Functions - The function of the State Advisory Committee to the Governor's Study Group on Vocational Rehabilitation is advisory in nature rather than policy-making. It is to advise the Board and Executive Committee on:

   a. How to most effectively accomplish the primary objective which is to provide a comprehensive study of the rehabilitation needs of the disabled in Maryland.

   b. The current level of rehabilitation services and resources in meeting the needs of the disabled within the State.

   c. The progress in the development of a comprehensive plan to provide rehabilitation services to all disabled in Maryland, who need and can profit from such services, as rapidly as possible but not later than June 30, 1975.

The Committee elected a permanent Chairman and Vice-Chairman for the period of the Statewide Planning Project and was charged by the Governor's Study Group with the following:

a. Consultation between the State Advisory Committee, Board, and Executive Committee of the Governor's Study Group.

b. Examination of problems brought to their attention: (1) upon their own initiative; (2) upon the request of the Board and/or Executive Committee; and (3) upon the request of the Project Director.

c. Investigate sources of information and to serve as a resource for relevant data.

d. Learn about and develop communication channels to disseminate information throughout the State.

e. Advise in ways in which programs, both governmental and voluntary, may be organized and coordinated most effectively to meet the demonstrated needs of the disabled.

f. Review policies and programs of organizations represented by the State Advisory Committee members in order to identify: overlapping and/or duplication of services, possible barriers or delays in providing services to the disabled, etc.

g. Provide guidance regarding what can be done in the State; i.e., helping to formulate realistic goals for Statewide planning.

h. Assure generally Statewide community involvement and support in this Project.

4. Names and affiliations - The Committee members are as follows:

Dr. Aubrey D. Richardson (Chairman)
Heart Association of Maryland

Mr. Bruce G. Eberwein, Executive Director (Vice-Chairman)
Maryland Society for Crippled Children and Adults

Mr. Richard A. Batterton, Director
Department of Juvenile Services

Mr. Isaac Clayton
Maryland School for the Blind

Dr. Jerome Davis
Director of Special Education
Baltimore County Board of Education

Mr. Daniel Doherty, Chairman
Workmen's Compensation Commission

Dr. Raymond A. Ehrle
College of Education
University of Maryland

Mr. Edward J. Frack
Director of Apprenticeship and Training
Department of Labor and Industry

Mr. Jerome Framptom, Jr., President
State Board of Education

Dr. J. T. H. Johnson
Medical and Chirurgical Faculty of Maryland

Mr. Harvey E. Kettering, II, Executive Director
Baltimore Goodwill Industries, Inc.

Mr. James J. McGinty, Jr.
Maryland Board of Public Works

Mr. Gerald Monsman, Retired Executive Director
Maryland Commission on the Aging

Mrs. Anne F. Reed, Specialist
Disability and Employment Problems
State Department of Social Services

Mr. Edward A. Rheb
State Fiscal Research Bureau

Mr. George Sawyer, Executive Director
Maryland Association of Mental Health

Mr. Morris L. Scherr, Executive Director
Baltimore Mental Health Association

Mr. S. Edward Smith, Executive Director
Office of Economic Opportunity

Mr. Joseph W. Spector, Chairman
Injured Workers' Rehabilitation Committee

Dr. W. Bird Terwilliger
Director of Administrative Services
Division of Vocational Rehabilitation

Mrs. Louise P. Thompson, Supervisor
Counseling and Services to the Handicapped
Maryland State Employment Service

Dr. R. C. Thompson
Governor's Committee to Promote Employment of the Handicapped

Mr. Paul A. Wageley
Classification Officer
Maryland Correctional Training Center

Dr. Ben D. White, Acting Director
Bureau of Preventive Medical Services
State Department of Health

C. Regional Task Force Committees

1. Method of appointment - Each Regional Task Force Committee member was appointed by the Chairman of the Governor's Study Group (based on the recommendations of the State Advisory Committee, Division of Vocational Rehabilitation staff, and project staff) and represented a cross-section of community interests including the medical, psychological, counseling, and other vocational rehabilitation-related professions; employers; local, State, and Federal agencies; private nonprofit groups; legislators; and citizens interested in the vocational needs of the handicapped.

2. Functions - The over-all purpose of this Study is to develop a sound master plan including alternative approaches for expansion of Vocational Rehabilitation services to meet the needs of all handicapped persons in the State in the next decade. Within this scope, some of the specific objectives of the respective Regional Task Force Committees shall be:

   a. To identify current and future rehabilitation needs within the following geographical areas of the State:

      (1) Baltimore City

      (2) Central Maryland (Carroll, Frederick, and Washington Counties)

      (3) Lower Eastern Shore (Dorchester, Somerset, Wicomico, and Worcester Counties)

      (4) Montgomery County

      (5) Prince Georges County

      (6) Southern Maryland (Anne Arundel, Calvert, Charles, and St. Mary's Counties)

(7) Suburban Baltimore (Baltimore, Harford, and Howard Counties)

(8) Upper Eastern Shore (Caroline, Cecil, Kent, Queen Anne's, and Talbot Counties)

(9) Western Maryland (Allegany and Garrett Counties)

b. To assess current rehabilitation-related programs and services within the areas (e.g., rehabilitation facilities, public and private agencies, voluntary agencies, etc.). This assessment includes the identification of any barriers that prevent or delay the provision of needed appropriate services for disabled persons.

c. To develop more effective means of communication (i.e., news media--press, radio, and television) by which rehabilitation information is disseminated to all citizens in the State.

d. To make recommendations as to the projections of additional resources, services, and programs required to meet the level of need now and through 1975 in the respective geographical areas.

Each Committee was charged by the Governor's Study Group as follows:

a. Each Regional Task Force Committee shall have a permanent Chairman and Vice-Chairman for the period of the Statewide Planning Project or until such time as the business of the Committees is completed.

b. The composition of the respective Task Force Committees shall be such that there will be broad representation of the primary rehabilitation-related public and private agencies (i.e., health, education, management, welfare, rehabilitation) as well as citizens and lay groups who have an interest in the rehabilitation of the disabled.

c. The scheduling of the meetings shall be subject to the approval of the respective Committee Chairman and/or Project Director. It is anticipated that there shall be at least one meeting a month.

d. Each Task Force Committee shall hold regional hearings in their respective geographical areas. At these hearings, prepared statements and position papers shall be presented representing views, comments, and research material of State and local officials, private citizens, interests groups, etc. In addition, informal comments from interested individuals or groups will be solicited.

e. The locations of these regional hearings in the respective geographical areas will be arranged in order to achieve the fullest participation of the community. The specific locations will be made by the respective Committee Chairman and/or Project Director.

f. Summaries of the minutes of the Committee meetings and regional hearings shall be made available to the Project Director. These minutes will be utilized to the fullest extent in developing the final report and recommendations of this Study.

3. Names and affiliations - The members of the Regional Task Force Committees are as follows:

Baltimore City

Dr. B. Stanley Cohen, Chief (Chairman)
Department of Rehabilitation Medicine
Sinai Hospital of Baltimore, Inc.

Miss Marion Davis, Director
Baltimore Institute (Vice-Chairman)

Sister Marie Edina Berling, Supervisor
Department of Special Education
Archdiocese of Baltimore

Mr. Thomas D. Braun, District Supv.
Division of Vocational Rehabilitation

Miss Jean Chapman, Executive Director
The Hearing and Speech Agency of
Metropolitan Baltimore, Inc.

Mr. Stanley T. Emche
Metropolitan Baltimore Area Manager
Maryland State Employment Service

Dr. George F. Fitzgibbon, Director
Correctional Classification & Research
Maryland Department of Correction

Mr. Dominic N. Fornaro, President
Baltimore Council AFL-CIO Unions

The Reverend Louis W. Foxwell
Minister to the Deaf

Mrs. Helen M. Huber, President
State Council of Homemakers Clubs

Mr. Philip M. Hyman, Exec. Director
Associated Placement and Guidance
Bureau, Inc.

Mr. Gilbert F. Kunz, Manager
Sears Roebuck and Company

Baltimore City - Cont'd

Mr. Robert S. Maslin, Jr., President
Radio Station WFBR

Mr. Carroll W. J. McBride
Retired from Personnel Department
Social Security Administration

Miss Mary T. McCurley
Retired Vocational Counselor
Goucher College

Mrs. Robert F. McDonough
Mercy High School

Miss Lucy G. Morse
Assistant Program Director
Maryland Heart Association

Dr. Addison W. Pope
Regional Mental Health Director
State Department of Health

Mr. William S. Ratchford, Sr.
Retired Superintendent
Maryland Workshop for the Blind

Hon. Alan M. Resnick
Maryland House of Delegates

Dr. A. M. Schneidmuhl, Director
Baltimore Alcoholism Center

Mrs. William B. Schwartz, Former President
Baltimore Assn. for Retarded Children

Mr. William F. Sprenger
Community Chest of Baltimore Area, Inc.

Hon. Verda Welcome
Maryland State Senate

Dr. Gerald Wiener, Associate Professor
Maternal and Child Health Clinic
School of Hygiene and Public Health
Johns Hopkins University

Central Maryland

Mr. Evan Crossley (Chairman)
Attorney-at-Law

Mr. Wallace E. Hutton (Vice-Chairman)
Attorney-at-Law

Dr. Julian Abrams
Chief of Psychological Services
Springfield State Hospital

Mr. Frank M. Arnold, Personnel Manager
Black & Decker Manufacturing Company

Mrs. Geneva V. Barthel, Director
Frederick County Welfare Board

The Reverend Ray E. Blanset, Pastor
Haven Lutheran Church

Hon. Goodloe E. Byron
Maryland State Senate

Mr. H. Dorsey Devlin, District Supv.
Division of Vocational Rehabilitation

Mrs. Freda S. Doll, Exec. Director
Frederick County Tuperculosis and
Public Health Association

Mr. Donald S. Ebersole, Field Supv.
Department of Employment Security

Mrs. Robert Flora, Public Health Nurse
Washington County Health Department

Mr. Paul E. Fogle
Supervisor of Pupil Personnel
Frederick County Board of Education

Miss Margaret S. Kent, Principal
Maryland School for the Deaf

Mr. Victor R. Martin
Director of Pupil Services
Washington County Board of Education

Mr. Robert W. McColley, Superintendent
Maryland Correctional Training Center

Mrs. Helen Nussear, Director
Jeanne Bussard Training Workshop

Mrs. Dolores G. Snyder
Director of Pupil Services
Carroll County Board of Education

Central Maryland - Cont'd.

Mr. Bert Thornton
General Sales Manager
Radio Station WFMD

Mr. C. Donald Warner, President
Westminster Jaycees

Dr. Daniel I. Welliver
Private Physician

Hon. Jacob M. Yingling
Maryland House of Delegates

Lower Eastern Shore

Mr. William B. Yates (Chairman)
State's Attorney, Dorchester County

Mr. Douglas S. Allen, Project Director
Neighborhood Youth Corps
Eastern Shore State Hospital

Mr. Joe T. Callis, Plant Manager
Pepsi Cola Bottling Company

Mrs. Rose N. Canny
Extension Agent, Home Economics
Maryland Extension Service

Mr. Harold E. Carr, Jr., Director
Recreation and Parks Board

Mr. Elwyn E. Cooper, Farm Service Rep.
Maryland State Employment Service

Mr. Richard E. Cullen
Attorney-at-Law

Mr. Raymond J. Davis, Vice-President
Exchange & Savings Bank of Berlin

Dr. William C. Fritz
Wicomico County Health Officer

Mrs. Lucille T. Grant
Personnel Manager
Airpax Electronics

Mrs. Gilbert K. Greene, President
Eastern Shore Council on Alcoholism

Mr. James L. Henderson
Supervisor of Pupil Services
Somerset County Board of Education

Mrs. Mary M. Jerman, Secretary
Star Laundry, Inc.

Mr. Wilbur A. Jones
Supervisor of Pupil Services
Worcester County Board of Education

Hon. Joseph J. Long
Maryland House of Delegates

Mr. Royd A. Mahaffey
Superintendent of Schools
Wicomico County Board of Education

Mrs. Fanny B. Murphy, Member
Governor's Committee to Promote Employment of the Handicapped

Mr. Jack R. Nichols, Supervisor
Division of Vocational Rehabilitation

Mrs. Virginia H. Nicoll
Administrator-Supervisor
Public Health Nursing
Wicomico County Health Department

Hon. Mary L. Nock
Maryland State Senate

Mrs. Margaret A. Pillsbury, Treasurer
Wicomico School for Retarded Children

Judge Daniel T. Prettyman
Circuit Court of Worcester County

Mr. Frederick W. Pritchett, Field Supv.
Department of Employment Security

Mr. Elwath Tawes, Manager
Department of Employment Security

Mr. Philip W. Tawes
Philip W. Tawes Insurance

Mr. George D. White, Director
Worcester County Welfare Board

Montgomery County

Hon. Joseph M. Mathias (Chairman)
Associate Judge
Circuit Court of Montgomery County

Mr. Robert Hacken (Vice-Chairman)
Civic Leader

Mrs. John A. Bennett
Civic Leader

Mrs. Dolores L. Clay
Health and Welfare Council

Mr. Richard M. Cooperman
Cooperman Associates

Hon. Victor L. Crawford
Maryland House of Delegates

Mrs. Geraldine D. Daysh
Civic Leader

Mr. Ted Dorf, Vice-President
WGAY/WQMR Radio

Mr. Charles W. Foster
Attorney-at-Law

Hon. Louise Gore
Maryland State Senate

Dr. Ernest H. Joy, Bureau Chief
Public Health Services
Montgomery County Health Department

Dr. Richard E. Lawrence, Asst. Professor
College of Education
University of Maryland

Dr. Peter Nobel Lombard
Private Physician and Civic Leader

Mrs. George D. Lukes
Montgomery County Chapter
Cerebral Palsy Society

Dr. John M. Lynch, Medical Director
Employee Health Service
National Institutes of Health

Dr. E. Anne D. Mattern
Maternal and Child Health Division
Montgomery County Health Department

Mr. Rolf H. Mielzarek, Exec. Director
Montgomery Workshop

Mr. Frank J. Morris
Assistant Executive Director
Group Health Association, Inc.

Mr. Leo Paulin, Publisher
Silver Spring Advertiser

Mr. Frank R. Petts
Counselor for the Handicapped
Maryland State Employment Service

Rabbi Tzvi H. Porath
Montgomery County Jewish Center

Mr. William R. Porter, Director
Office for Planning a Supplementary Education Center
Montgomery County Public Schools

Dr. Glenn G. Reynolds
Private Physician

Mrs. Idabelle Riblet
Civic Leader

Mrs. Sherman Ross
Civic Leader

Mr. Robert J. Rothstein
Governor's Committee to Promote Employment of the Handicapped

Mr. Ira Siegler
Attorney-at-Law

Mr. W. Carroll Walsh, District Supervisor
Division of Vocational Rehabilitation

Prince Georges County

Mr. Russell H. Viau (Chairman)
Educator and Civic Leader

Mrs. Edward A. Potts (Vice-Chairman)
Member, Board of Election Supervisors
Prince Georges County

Mr. William A. Bailey
Department of Agriculture

Mr. Philip C. Batdorf
Systems Analyst--UNIVAC

Mr. J. Franklyn Bourne
Attorney-at-Law and Civic Leader

Mr. Arthur B. Calhoun, Jr., Office Mgr.
Maryland State Employment Service

Hon. Edward T. Conroy
Maryland State Senate

Mr. Louis J. Day, Chief
Vocational Rehabilitation Unit
Glenn Dale Hospital

Mr. Harry Fauber, Project Field Director
Institute of Industrial Launderers, Inc.
National MDTA-OJT Project

Hon. William W. Gullett
Mayor of College Park

Mr. Virgil Hampton, Director
Prince Georges County Welfare Board

Mrs. William E. Hutt
Civic Leader

Hon. Arthur A. King
Maryland House of Delegates

Mr. F. Robert Knight
Assistant Executive Director
Maryland Society for Crippled
Children and Adults

Mr. Frederick C. Lasch, Exec. Director
Prince Georges County Association
for Retarded Children, Inc.

Mr. Jerome K. Lyle, Jr., Treasurer
Palmer Park Citizens Association

Miss Elizabeth McGarvie, Exec. Director
Prince Georges County Mental Health
Association, Inc.

Mr. Nathan S. Nackman, Exec. Director
Family Service of Prince Georges County

Miss C. Elizabeth Rieg
Supervisor of Special Education
Prince Georges Co. Board of Education

Mr. Cecil R. Ryan, Director
Prince Georges Health & Welfare Council

Dr. Freeman W. Sharp
Prince Georges County Association
for Retarded Children, Inc.

Mr. Carlton R. Sickles
Former United States Congressman
and Civic Leader

Rev. Paul W. Stoutsenberger, Rector
Christ Episcopal Church

Mrs. Harry E. Taylor, Jr.
Civic Leader

Mr. Sylvester J. Vaughns
Civic Leader

Mr. Paul Whitehurst, Asst. Supervisor
Division of Vocational Rehabilitation

Southern Maryland

Hon. Edward T. Hall (Chairman)
Maryland State Senate

Mr. Lester J. Hottle (Vice-Chairman)
Director, Civil Defense for Charles County

Mr. John L. Basil, Manager
Department of Employment Security

Dr. J. Howard Beard, Health Officer
Anne Arundel County Health Department

Mr. Dale Bennett
Department of Rehabilitation
Crownsville State Hospital

Mr. David P. Beverly, Director
Charles County Welfare Board

Mr. Alfred J. Bryan, Jr., Administrator
North Arundel Hospital

Mrs. Marianne Catterton, Chairman
Anne Arundel County Committee to Promote Employment of the Handicapped

Dr. Richard R. Clopper
Asst. Superintendent, Secondary Education
Anne Arundel County Board of Education

Mr. Clyde J. Crump, Director
Guidance and Student Affairs
Charles County Community College

Mr. Boyce G. Flora, District Manager
Social Security Administration

Mrs. Peggy Hance
Social Casework Reviewer
Calvert County Welfare Board

Mr. Chester A. Harriman
District Claims Manager
Nationwide Insurance Company

Mr. Paul D. Imre, Research Associate
School of Hygiene and Public Health
Johns Hopkins University

Mr. Bruce G. Jenkins
Superintendent of Schools
Charles County Board of Education

Mrs. Eleanor S. Jones
Charles County Association for Handicapped and Retarded Children

Mr. Richard Keiter, Director
Tri-County Regional Education Center

Mr. Ronald Leahy, Director of Personnel
Anne Arundel County Government

Mr. Donald C. Lee, Manager
Industrial Relations
Westinghouse Electric Corporation

Mr. Jacques E. Leeds, Deputy Director
Southern Maryland Tri-County Community Action Committee, Inc.

Mr. Joel Dan Lehman
Manager of Public Information
State Comptroller's Office

Mr. Mark A. Levine
Correctional Classification Supervisor
Maryland Department of Correction

Mr. Paul F. Ludwig
St. Mary's County Association for Retarded Children

Mr. Fedon G. Nides, Supervisor
Division of Vocational Rehabilitation

Mr. Lawrence E. Park, Supervisor
Maryland Casualty Company

Mrs. Lola M. Parks
Director of Pupil Services
Calvert County Board of Education

Mr. Albert Phillips, Manager
Goodwill Industries of Annapolis

Miss Eloise N. Pickrell
St. Mary's County Committee to Promote Employment of the Handicapped

Mrs. Dorothea L. Rees, Director
Charles Co. Children's Aid Society, Inc.

Mr. Stanley I. Scher, Counselor
Division of Vocational Rehabilitation

Southern Maryland - Cont'd.

Mr. John F. Schilling, Editor
Maryland Independent

Mr. Robert L. Serviss, Director
Central Payroll Bureau
State Comptroller's Office

Suburban Baltimore

Mr. Ronald L. Lapides (Chairman)
Attorney-at-Law

Mrs. Mary L. Lupien (Vice-Chairman)
Principal, Battle Monument School
Baltimore County Board of Education

Mrs. Elizabeth Auldridge
Howard County Health Department

Hon. Hugh Burgess
Maryland House of Delegates

Mr. Samuel H. Caplan, Chairman
Howard County Committee to Promote Employment of the Handicapped

Mr. Alford R. Carey, Jr.
Job Development Coordinator
Baltimore County Board of Education

Miss Lois V. Cox, Principal
The Maryland School for the Blind

Mr. I. Milton Fleischer, President
Indoor Sports Club

Hon. William C. Greer
Maryland House of Delegates

Miss Harriet Haskins
Hearing and Speech Center
Johns Hopkins Hospital

Mr. James Hensley, Manager
Department of Employment Security

Mrs. Shirley J. Kauffmen, Exec. Director
Heart Association of Harford County

Rev. Clarence A. Kaylor
Glenelg Methodist Church

Mr. G. Dean Killon
H. T. Campbell Sons' Corp.

Dr. George Lassen, Court Psychologist
Circuit Court of Baltimore County

Mr. William C. Litsinger
Baltimore County Director of Personnel

Mrs. Dorothy W. Lumpkin, Director
Howard County Welfare Board

Mr. P. Howard Marshall, Jr.
Harford County Personnel Administrator

Mr. E. Jay Miller, Director
Baltimore County Office of Information and Research

Mr. Gilbert E. Miller
Supervisor of Pupil Personnel
Howard County Board of Education

Miss Mary Clare Mullen, Asst. Director
Children's Aid and Family Service

Mr. Joseph H. Neal
Staff Representative
United Steelworkers, Retired

Mrs. Patricia Reich, President
Howard County Mental Health Assn.

Mr. J. Donald Smyth
District Supervisor
Division of Vocational Rehabilitation

Mr. Joseph F. Snee
Supervisor of Pupil Personnel
Harford County Board of Education

Mrs. Joan Sobel, Executive Director
Northern Maryland Society for the Aid of Retarded Children

Mr. C. William Spangler
Personnel Manager
Martin-Marietta

Suburban Baltimore - Cont'd.

Hon. Roy N. Staten
Maryland State Senate

Mr. Edward D. Young, Counselor
Patapsco Senior High School

Upper Eastern Shore

Mr. Herbert Goldstein (Chairman)
Business and Civic Leader

Mr. J. Albert Roney (Vice-Chairman)
Attorney-at-Law

Mr. Edwin H. Barnes
Supervisor of Pupil Personnel
Cecil County Board of Education

Mr. Ralph Bateman
Governor's Committee to Promote Employment of the Handicapped

Hon. Elroy G. Boyer
Maryland House of Delegates

Mrs. Lola P. Brown, Corrective Speech
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Kent County Health Department

Western Maryland

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Mr. Milton Bernstein
Civic Leader

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Private Physician

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Executive Secretary
Associated Charities

Miss Esther M. Carter
Supervisor of Special Education
Allegany County Board of Education

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Catherman's Business School

Mr. Hugh T. Denison
Garrett County Committee to Promote Employment of the Handicapped

Mr. Edward P. Firlie, Counselor
Division of Vocational Rehabilitation

Dr. Elmer L. Hill
Allegany County Health Department

Mrs. Lois Jackson
Public Health Nurse
Allegany County Health Department

Mr. Francis A. Kenney, Manager
Department of Employment Security

Major Klon K. Kitchen
Salvation Army Headquarters

Mr. C. A. Lancaster
Cumberland Sunday Times

Father Regis Larken
St. Peter's Catholic Church

Miss Henrietta Lippold, Executive Secretar
Allegany County League for Crippled Children

Miss Mary I. Love, Consulting Psychologis
Community Action Program
Garrett County Health Department

Mr. G. Brad Rinard, Executive Director
Garrett County Community Action Committee, Inc.

Mr. Charles M. See, Director
The Maryland Workshop for the Blind
Cumberland Training and Work Center

Mrs. Dorothy Shank, Executive Secretary
Allegany-Garrett Tuberculosis Assn., Inc.

Mr. Robert W. Stemple, Director
Garrett County Welfare Board

Mr. Edward W. Troxell, News Director
Radio Station WKYR

The Reverend W. Shelby Walthall, Re
St. Matthew's Episcopal Church

Miss Ethel Wilderman, Director
Allegany County Welfare Board

Dr. Robert S. Zimmer, President
Allegany Community College

D. Subcontractor

Bureau of Educational Research and Field Services
College of Education
University of Maryland

E. The Staff

Mr. Sherman Lazrus, Director

Mr. Richard D. Bagster-Collins, Assistant Director

Mrs. Ruth-Ellen K. Ross, Project Information Officer

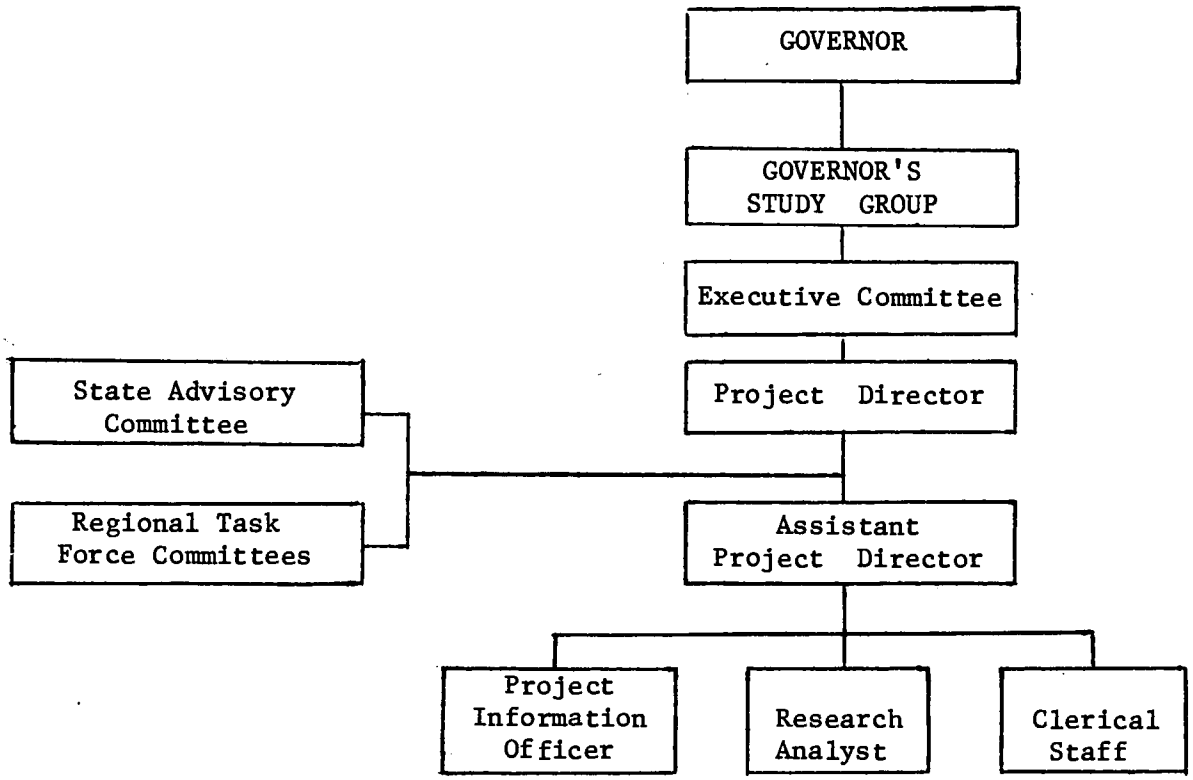
Mr. Lawrence E. Epplein, Research Assistant (Part-Time)

Mrs. Joan F. Webster, Secretary III

Miss Sharon L. Sarchiapone, Stenographer

Miss Karen L. Manns, Clerk-Typist II (Part-Time)

F. Organizational Chart



CHAPTER III

METHOD OF OPERATION

The basic, or underlying, philosophy pervading throughout the development of Maryland's Comprehensive Statewide Planning Project was that there be maximum involvement of interested and informed citizens at the local and regional levels. Thus, the guidelines for the study called for extended participation at the "grass roots" level in order that: (1) there would be greater understanding of the benefits of vocational rehabilitation; (2) the needs of the recipients of services would be fully considered; and (3) proper feedback would be afforded in providing an in-depth analysis of the degree of duplication and/or gaps in services and resources on a Statewide, regional, and local basis. In addition, through a structured planning approach which afforded the citizenry of the various regions and communities the opportunity to participate in the development of the ultimate recommendations, greater assurance would be provided that the study not be shelved or forgotten.

To obtain the deep involvement of the "grass roots" community, nine Regional Task Force Committees were established composed of representatives of local and regional public and private agencies, citizen groups, legislators, professional people, and others interested in the vocational needs of the handicapped. The Task Forces were charged with the responsibility of geographically assessing current programs and services while, at the same time, identifying gaps and/or

barriers within the rehabilitation process. In pursuit of these responsibilities, the Task Forces held approximately 30 public hearings throughout the State and also spent numerous hours in various fact-finding activities and meetings exploring the process of rehabilitation as it existed within their own communities and/or or regions. In retrospect, their efforts have proven invaluable in tempering the conclusions and recommendations to encompass objective, subjective, and political (or realistic) considerations.

As indicated in Chapter I, the responsibility for the conduct of the entire planning project rested with the Governor's Study Group on Vocational Rehabilitation, an organization whose members were appointed by both Governor Tawes and Governor Agnew and who were drawn from the ranks of many of the major departments and commissions within the State government. This Group provided the policy and administrative direction of this study. In addition, a State Advisory Committee, consisting of many directors as well as representatives of the various public and private agencies and associations concerned with the problems of the disabled,was established to provide consultation and advice on completed, on-going, and proposed studies related to rehabilitation programs as well as to assist in evaluating the findings of the Regional Task Forces in terms of their implications for Statewide planning.

At the project's outset, a "Tentative Activity Timetable" was established (which appears at the end of this Chapter). This flow chart served as a guideline for the project staff as the planning process unfolded. As indicated in this chart, much of the first year was concerned with Regional Task Force activities. During the Winter of 1966-67, the various Task Forces were organized throughout the State. In the Spring and early Summer of 1967, individual Task Force Committees held their public hearings while, simultaneously, Task Force subcommittees were involved in in-depth studies of specific areas of inquiry (i.e., examination of DVR and rehabilitation-related agencies; examination of sheltered workshops;

manpower needs and considerations; employment opportunities and union practices; Legislative considerations; etc.). In connection with the public hearings, approximately 700 invitations were extended to individuals and groups. Testimony was actually received from over 250 public and private rehabilitation-related agencies and individuals. The various Task Force Committees spent the Fall of 1967 meeting and carefully analyzing material gathered from the public hearings and the fact-finding activities of the subcommittees. (The subcommittee mechanism increased the opportunity for many additional individuals to contribute their extremely valuable thoughts and suggestions.) The findings incorporated in the Task Force Committees' final reports (and which appear in the Appendix of this study) provide a wealth of documentation with respect to present and proposed disability needs in the various localities of the State. These reports also supplement and provide an additional documentation dimension for assessing available services and facilities. The feedback provided by the Task Force Committees (as well as the State Advisory Committee) to the preliminary recommendations materially assisted in tempering the final recommendations, especially with respect to "political" feasibility.

The project staff spent part of the first year and much of the second year in a number of staff studies which focused on such areas as alcoholism, services to youth, the disabled aged, the role of rehabilitation in poverty programs, cooperative agreements between DVR and voluntary agencies, correctional rehabilitation, architectural barriers, etc. In addition, a detailed study was undertaken with respect to the workshops and rehabilitation facilities existing within the State. Other concerns of the project staff centered around various administrative aspects of the State's Division of Vocational Rehabilitation (e.g., adequacy of salary scales, recruiting and training practices, etc.).

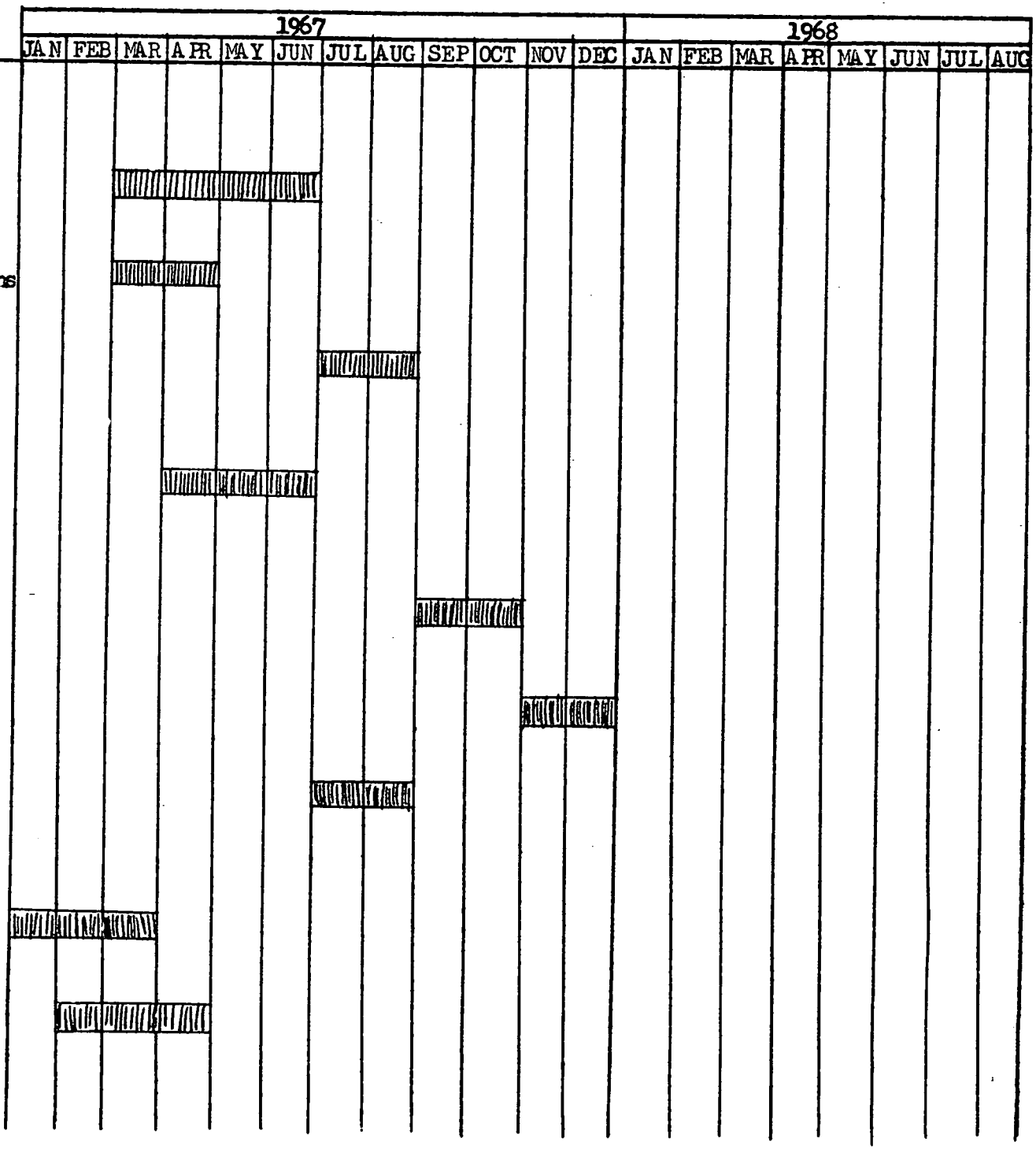
Estimates of prevalence of disability were made by the University of Maryland's Bureau of Educational Research and Field Services (under contractual arrangement with the Governor's Study Group) and by the project staff. Considerable utilization was made of the earlier efforts of the Public Health Service's National Center for Health Statistics and the Social Security Administration's Office of Research and Statistics.

A preliminary Cost-Benefit Analysis study was completed (see Appendix) which portrays a net increase in lifetime earnings of $30 per $1 in program cost (Federal-State) for Maryland vocational rehabilitation clients whose cases were closed in Fiscal Year 1967. Because of the corresponding increase in State taxes (income and sales), the State receives a return of $3 for every $1 invested in vocational rehabilitation in Fiscal Year 1967. This material has obvious budgetary and planning implications.

While comprehensive planning studies of this type are generally future oriented (with respect to the realization and implementation of findings and recommendations), the Governor's Study Group has been fortunate in realizing the fruition of its efforts with respect to the removal of architectural barriers in public buildings in the State of Maryland. On April 10, 1968, the Governor signed into law a bill eliminating architectural barriers effective July 1, 1968. This bill, which the Governor's Study Group helped draft, reflects an example of genuine cooperation and unification between the Executive and Legislative branches of the State government on a common issue.

Finally, while many of the concepts and considerations which follow represent the personalities, background, interests, and philosophy of the Task Forces, the State Advisory Committee, the project staff, and the policy body (Governor's Study Group), every effort has been made to focus upon those issues which relate to the provision of the highest quality of services for the State's handicapped citizenry.

TENTATIVE ACTIVITY TIMETABLE FOR STATEWIDE PLANNING PROJECT



ACTIVITY

A. STAFF STUDIES

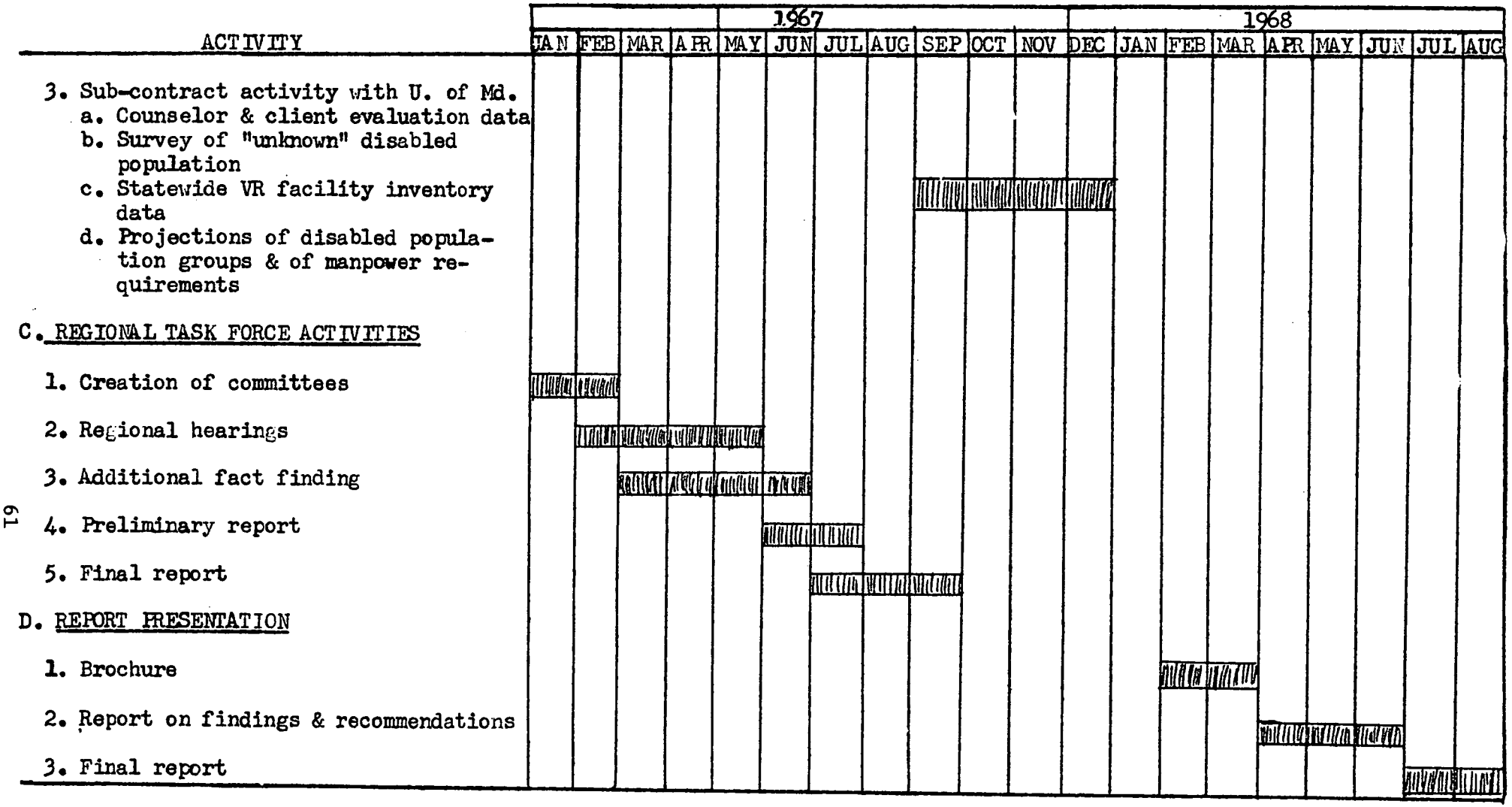
1. Assessment of current programs and services (including the organization & delivery of such services)
2. Extent of cooperative relationships among various VR oriented organizations
3. Status reports on workshop & rehabilitation facilities (including utilization, obsolescence, etc.)
4. Manpower considerations (including such sub-areas as: availability of personnel, salary scales, recruitment practices, training practices, etc.)
5. DVR administrative structure (including financial & budgetary considerations)
6. Current practices in coordination & utilization of manpower-resources relationship
7. Patterns of growth & sources of funding of VR activities

B. FACT-FINDING & RESEARCH ACTIVITIES

1. Site visits of VR-related facilities (public & private)
2. Examination & analysis of existing studies pinpointing the identification & extent of VR needs

Tentative Activity Timetable for Statewide Planning Project (Continued)

Table D (Continued



CHAPTER IV

FINDINGS AND RECOMMENDATIONS

A. Estimates of the Prevalence and Incidence of Handicapped Persons by Category Projected to 1975

Estimates of the current number of disabled people in Maryland range from 77,000 to 618,000. In order to plan intelligently for the vocational rehabilitation needs of Maryland's handicapped citizens by 1975, some figure must be used as a base from which future year projections can be made. It is the instant purpose to examine the assumptions on which the above estimates relied and, tempered by other available information, derive the best possible accounting of the incidence of disability in the State.

Initially, there exists the problem of defining the nature and level of "disability." If a study were undertaken tomorrow to identify all of the disabled people in Maryland, a definition based on current Federal standards for vocational rehabilitation services might be used. Unfortunately, no studies to date have surveyed the Maryland population with such standards in mind. Thus, one factor accounting for the great range in estimates is the determination of just what constitutes disability.

The National Health Survey distinguishes three levels of disability, according to the individual's limitation of major activity (see chart on p.72, footnote "b"). If figures are extrapolated for Maryland, there

would be at least 81,442 persons who are severely disabled and a total of 325,766 who are limited at least in the kind or amount of their major activity.[1]

A recent publication from the Social Security Administration reported the prevalence of disability at a rate equal to 333,172 Marylanders (see chart, p. 72, footnote "d"). The definitions of disability used in the Social Security Administration study were somewhat different from those of the National Health Survey (see chart, p. 72, footnotes "e," "f," and "g").

Obviously, when national rates for demographic characteristics are extrapolated for the State, differences in geographic factors limit somewhat the validity of the results. Because activity limitation due to chronic conditions correlates directly with increase in age and nonwhite population, and inversely with increase in income, it is necessary to relate the State characteristics to the national averages. Although there is no readily available adjustment factor to apply to United States figures to make them comparable on the State level, it should be kept in mind that, according to the 1960 U.S. Census of Population (publications PC(1)22B and PC(1)22C) the State of Maryland, in comparison to the U.S. as a whole, had a lower median family income ($6,309 vs. $6,882 for U.S.), a higher median age (28.7 years vs. 27.9 years for U.S.), and a proportionately higher nonwhite population (17% nonwhite in Maryland vs. 11.7% nonwhite in U.S.). Thus, it may be inferred that, to the extent that the above

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[1]Based on the 1961-1963 National Health Survey. The rate of disability from the 1964-1965 Survey applied to Maryland produces a figure of 310,958 for the total number disabled.

three factors are indicative of activity limitation, the State is likely to have at least an equal, but probably higher, percent of disabled persons in the total population than is the United States.

The Dishart study (see chart, P. 72, footnote "c") found an incidence of disability in Maryland equal to 77,740, based on the same total population estimate contained in the chart on p. 72. Dishart defines disability as referring to "a mental or physical condition which significantly interferes with the individual's employment," i.e., to some extent keeps him from working, whereas the least limiting disability categories, both from the National Health Survey and the Social Security study, do not require that an individual be kept from working, but rather that he be limited "in the kind or amount of work he can perform" or "limited in his major activity."

The National Health Survey figures have been criticized inasmuch as they do not include the institutional population, mentally retarded, or alcoholics, and fail to account for those chronically ill persons who may have adjusted to their condition by changing their major activity.[1] The National Health Survey, however, covers all ages while Dishart and Social Security report on ages 16 to 64 and 18 to 64, respectively. For the same age group, the Social Security study reports almost *twice* the number of disabled as does the National health Survey. This difference is said to

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[1]Ronald W. Conley, *The Economics of Vocational Rehabilitation* (Baltimore: The Johns Hopkins Press, 1965), p. 5.

be accounted for by the differences in procedure for identification.[1] The former study was based on an extensive series of pretests and was believed to correct the heretofore "serious understatement of chronic conditions reporting shown in other studies."[2]

The methodology of the Dishart study differs, again, from the others. By implication, the survey does not include "unpaid family workers" and is bound to understate the number of alcoholics, drug addicts, mentally retarded, and emotionally disturbed.[3]

Further difficulties in reconciling the various estimates of the disabled population involve time differentials and noncomparability in sampling techniques. Thus, the National Health Survey estimates that between 8.4% and 8.8% (depending upon which year is selected) of the total population is disabled. Based on a national population of 200 million, this would represent between 16.8 and 17.6 million people. Dishart finds that

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[1]Social Security study (see footnote "d" of chart, p. 72, for full reference), p. 4.

[2]*Ibid.*, p. 5.

[3]Gertrude Nilsson ("The Alcoholism Problem in Maryland") estimates there are between 80,000 to 100,000 alcoholics in the State. Estimates of the total number of narcotic addicts in Maryland range from 2,000 to 10,000, and those who illegally use amphetamines and barbiturates on more than an occasional basis would be at least five times the number of narcotic addicts (see the "Interim Report of the Maryland Commission to Study Problems of Drug Addiction," [Baltimore: The Commission, January, 1966], p. 47). The figure of 3% is often quoted as the percentage of mentally retarded in any given population (see "Comprehensive Mental Retardation Plan," [Baltimore: Board of Health and Mental Hygiene, State of Maryland, June 1966]). The Baltimore City Regional Task Force Committee, however, estimated that 9% of school age children in Baltimore are mildly retarded, while Paul Imre's *Rose County Study* documented that 10% of school age children in Calvert County are somewhat retarded. Finally, the Prince Georges County Regional Task Force Committee estimated that 10% of the persons in that county were emotionally disturbed.

1.9% of persons age 16-64 in Maryland are disabled, or 3.8 million nationwide. The Social Security Administration found that 17.2% of all persons age 18-64 were disabled. In absolute numbers, this would be 17.8 million people, based on the United States population in 1966. Still excluded, however, are those age groups over 64 and under 18 who comprise 8.5% and 35.2%, respectively, of the total population. According to the conservative figures of the National Health Survey, the number of disabled in the above two age groups is equivalent to 81.9% of the disabled population, age 18-64. Thus, to account for the actual number of disabled in the total population, 14.6 million (81.9% of 17.8 million) must be added for a total of 32.4 million, or 16.7% of all persons, all ages. Other sources reported as many as 14% of United States citizens as having a permanent *physical* disability.[1]

Whether based on statistical inference or total population survey, any count of disabled persons must be considered with caution when determining the number eligible for services under State and Federal vocational rehabilitation laws. At the same time, however, a total system approach to rehabilitation planning may go beyond traditional service concepts to include activities of other State departments and agencies, such as Education, Welfare, Health, and Mental Hygiene, with considerable emphasis on preventive efforts aimed at the school age and preschool population. For example,

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[1]"Building for the Future," (Washington: Paralyzed Veterans of America), p. 3; and "Proceedings of the National Institute on Making Buildings and Facilities Accessible to and Usable by the Physically Handicapped," (Chicago: The Institute, November 21-24, 1965), p. 4.

might not immediate efforts to "rehabilitate" the 9% to 10% of these youngsters suffering mild retardation be more effective and less costly than waiting until some time in the future?

Segments of the population which, up to now, have been largely unaccounted for in disability estimates include, in addition to those already mentioned, social offenders, and the culturally and economically disadvantaged. These groups are certainly prime targets for vocational rehabilitation. Much soul-searching and critical analysis of the problem, in light of the new Federal vocational rehabilitation laws, may well lead to a redefinition of terms and a broadening, instead of a more restricting, base for determining and meeting the vocational rehabilitation needs of the handicapped.

In the final analysis, vocational rehabilitation planning must consider not just the total number of disabled, but, more specifically, the number of persons who would be eligible for acceptance, and utilize the services and facilities to be made available. Because of its recency and refined methodology, the Social Security study appears to be the most useful as a base for present purposes. Accordingly, the rate of "severely" and "occupationally" disabled was found to be, respectively, 3.1% and 2.6%, or a total of 5.7% of the United States population. Notwithstanding the fact that these estimates include only those persons between 18 and 64 years of age (and that they apply to the national population whose characteristics, as pointed out, may differ from that of the State), when extrapolated for Maryland, the number of disabled is at least 210,000. If this estimate were corrected to include all age groups as well as those with secondary work limitations, and if it were adjusted for differences in regional

population characteristics, the new figure would be well above 600,000. Thus, with due reservation, but considering the broadening base of vocational rehabilitation services, a very conservative estimate of the current number of physically and mentally disabled in Maryland is believed to be at least 345,000 persons or 9.3% of the 1967 Maryland population.[1]

Because the 345,000 figure *excludes* the socio-culturally handicapped and some important institutionalized populations, it is subject to revision upward. The three main groups unaccounted for include persons within the categories of the poverty-stricken and the institutionalized juvenile delinquent and public offender.

It is estimated that 135,000 families, or approximately 600,000 people, in the State have incomes below $3,000 per year.[2] Of this group, the incidence of disability is at least twice that of the general population.[3] More recent study, however, has shown that at least 33% of the poor may be disabled according to medical verification.[4] If only 18.6%

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[1] A recent study on disability by Greenleigh Associates conducted for the Comprehensive Vocational Rehabilitation Planning Project for Pennsylvania found a disability rate of 11.9%, excluding "the mentally retarded, alcoholics, narcotics addicts, criminal offenders, and persons in or discharged from mental hospitals." If the respective populations of Pennsylvania and Maryland are in any way similar, the 8.1% rate must be a gross understatement, for this figure *includes* the first three groups excluded from the Pennsylvania study. See "Progress," A Report of the Comprehensive Vocational Rehabilitation Planning Project for Pennsylvania, April 1968, p. 2.

[2] "Population and Statistical Information on Incidence of Poverty in the State of Maryland," Maryland Office of Economic Opportunity, 1960.

[3] *Ibid.*, p. 1. A recent statement by Federal government officials alludes to a disability rate among the poor of three times that in the general population.

[4] It was found that 33% of those on the rolls of the Concentrated Employment Program in Baltimore (March 1968) required additional medical review. This indicates that disability in poverty areas is likely to be of even greater proportions by virtue of the fact that the more severely disabled did not apply for the program.

(2 times 9.3%) of the poor have been identified as disabled by past disability studies, there is an additional 14.4% (33% minus 18.6%), or 86,000, who must be added to compensate for suspected under-reporting.

There are approximately 1,200 institutionalized juvenile delinquents in Maryland who do not appear on the rolls of any disability study. At the least, 9.3% of this number is physically or mentally handicapped, and another undetermined group has other behavioral disorders. This would conservatively add 100 more persons to the State's total disabled.

Of the 5,500 public offenders in Maryland prisons, estimates of disability have ranged from 40% to 80%. Certainly, if other character and behavioral disorders were included, the rate would be even higher; therefore, at least 60%, or approximately 3,400, should be added to the number of total disabled.

Still excluded are the socio-cultural and economically handicapped (high school dropouts, welfare recipients, etc.), the underemployed, and the disabled housewife, all of whom are potential candidates for vocational rehabilitation. Although measurement of the latter two groups is extremely difficult and is best left to further study, some measurement of the first group may be had by reference to the "hard core," "long-term," or "chronically" unemployed. The Department of Labor estimates that .6% of the civilian labor force are long-term unemployed.[1] This percentage applied to the Maryland labor force would produce another 12,000 handicapped individuals.

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[1]"Cooperative Area Manpower Planning System, National Manpower Trends, Problems, and Outlook for Fiscal Year 1968," Department of Labor, Interagency Cooperative Issuance No. 3, Attachment I, March 31, 1967, p. I-4.

By the inclusion of the above four groups, the total number of disabled in Maryland becomes 446,900 (345,000 plus 86,400 plus 12,000 plus 100 plus 3,400), or 12.1% of the total 1967 population.

To determine the proportion of this 446,900 who will actually *need* or *could use* vocational rehabilitation services, under current standards, it is necessary to refer back to acceptance rates of clients found in the 1964 "Patterns of Services" study.[1] Of all applicants for vocational rehabilitation service in Maryland during the research period, 50% were rejected for any one of 17 different reasons. Because of the broadened base of services under the 1965 Amendments, only four of these 17 categories would still be valid.[2] This would increase by 20% the number of applicants expected to receive services from a vocational rehabilitation agency. Although improved services might very well reduce the percentage of applicants not accepted, the 70% rate may be considered as minimal. Thus, applying this rate to the total disabled population would identify 312,830 persons as eligible for and requiring vocational rehabilitation services in Maryland in 1967.

When projecting such estimates for future years, other difficulties arise. The population is continually shifting in terms of composition. For example, by 1975, the 21- to 29 year-old age group will account for

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[1] Martin Dishart, "Patterns of Services in Divisions of Vocational Rehabilitation" (Washington: 1964).

[2] These four are: "Applicant Refused Services," "Didn't Respond to Appear," "Unable to Locate or Contact," and "Presently Employed."

the largest single population segment. Changes in income distribution and occupational patterns also will occur. The increase in crime rates and resulting permanent injuries, higher war casualties, and the effects of the rubella epidemic of 1964 on today's children, who may become tomorrow's candidates for rehabilitation, may operate to increase the prevalence of disability. Concurrently, there is always the possibility that improved medical techniques (especially those of a preventive nature), reduction of poverty levels, and greater attention to safety in all endeavors may have the opposite effect on the extent of disability in the population. Because the results of such factors are not easily, if at all, quantifiable, and because they may, indeed, cancel one another, the rate of 8.5% will be assumed to hold throughout the planning period ending 1975.

TABLE E

ESTIMATES AND PROJECTIONS OF THE DISABLED POPULATION OF MARYLAND

Year	Based on:			
		National Health Survey, 1961-1963[a]		
	Maryland State Planning Department Population Estimates	Limited in amount or kind of major activity[b]	Unable to carry on major activity[b]	Total
1967	3,701,905	244,326	81,442	325,766
1970	3,959,572	261,332	87,111	348,443
1975	4,319,259	285,071	95,014	380,085

	National Health Survey, 1964-1965[a]	Dishart[c]
1967	310,958	77,740
1970	315,182	83,151
1975	362,818	90,704

	Social Security Administration[d]					
	Ages 18 to 64				Under 18 and	
	Severely disabled[e]	Occupationally disabled[f]	Secondary work limitations[g]	Total (18-64)	over 64[h]	Total
1967	114,759	96,250	122,163	333,172	285,046	618,218
1970	122,747	102,949	130,886	356,582	304,667	661,249
1975	133,897	112,301	142,536	388,734	332,583	721,317

	Reconciliation	
	Total Disabled	Total Number in Need
1967	446,900	312,830
1970	479,108	336,560
1975	522,630	367,137

[a]Includes all ages.

[b]Major activity refers to ability to work, keep house, or engage in school or preschool activities.

[c]These figures are based on Martin Dishart, "The Incidence of Disability in Maryland," (College Park: Bureau of Educational Research and Field Services, University of Maryland, August, 1967), which found approximately 2.1% of the population to be disabled, ages 16 to 64.

[d]Lawrence D. Haber, "Prevalence of Disability Among Noninstitutionalized Adults Under Age 65: 1966 Survey of Disabled Adults," Research and Statistics Note No. 4 (Baltimore: Social Security Administration, February 16, 1968).

[e]"either unable to work altogether or unable to work regularly"

[f]"able to work regularly, but unable to do the same work as before the onset of disability or unable to work full-time"

[g]"able to work full-time, regularly and at the same work, but with limitations in kind or amount of work they can perform"

[h]Estimates of the number of disabled persons in Maryland in these age groups, not included in the Social Security study, were extrapolated from the National Health Survey.

NOTE: *The reader should recognize that the organization of the findings and recommendations under categories and/or section designations provide for ready identification of specific areas of concern and are not mutually exclusive. Thus, to obtain the full implications of the material which follows, it is necessary that the findings and recommendations be considered in their full context.*

The recommendations which follow are programmed on a priority basis through 1975.

B. Disability Categories

1. Visually Impaired

a. It is estimated that there are between 6,000 and 8,000 legally blind individuals in the State of Maryland. This estimate is based on the prevalence rate of 1.7 to 2.1 legally blind individuals per 1,000 population.[1] In Fiscal Year 1967, the Division of Vocational Rehabilitation served 750 visually impaired individuals and rehabilitated 295.[2] Currently, there are two counselors for the blind in the Baltimore City office who serve approximately 350 visually impaired individuals. Further, there is one counselor for the blind in the Washington Suburban District office (Prince Georges and Montgomery Counties) who serves about 180 visually impaired with an estimated additional 150 individuals with

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[1]The estimate of 1.7% is based on data from Biometrics Branch, National Institute for Neurological Diseases and Blindness, and 2.1% by Ralph G. Hurun "Estimated Prevalence of Blindness in the United States," (New York: American Foundation for the Blind, 1953).

[2]*Annual Report*, Division of Vocational Rehabilitation, State Department of Education, Fiscal Year 1967.

similar disabilities in need of rehabilitation services in this geographical area.[1]

1. *IT IS RECOMMENDED THAT AN ADDITIONAL COUNSELOR FOR THE VISUALLY IMPAIRED BE ASSIGNED TO THE WASHINGTON SUBURBAN DISTRICT OFFICE. IN OTHER DISTRICT OFFICES, EXPANSION OF THE COUNSELING STAFF TO SERVE VISUALLY IMPAIRED SHOULD BE MADE AS THIS POPULATION IS FURTHER IDENTIFIED.*

b. Through a grant awarded by the National Institute for Neurological Diseases and Blindness, a staff has been working for the past 18 months in the development of a State Register of the Blind and Visually Impaired. This staff has had the responsibility of identifying all individuals who meet the accepted definition of blindness used by public and private programs serving the blind. The staff also has been valuable in serving as an information center for legally blind persons. Further, the Division of Vocational Rehabilitation counseling staff has been following-up the visually impaired individuals as they are identified through the Register's staff and providing rehabilitation services to those who are eligible for such services.

This grant period will terminate June 30, 1968, at which time, the Division of Vocational Rehabilitation will assume the fiscal

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[1]Raymond H. Simmons, Director of Field Services, Division of Vocational Rehabilitation.

responsibility of the present secretarial position so that this individual will continue to perform the clerical duties necessary for maintaining this Register. A Rehabilitation Specialist (also funded from the General Program budget) will be assigned, on a part-time basis, to give supervision to this Register along with providing supervision for the Home Teaching Program.

c. The Home Teaching Program which, from its inception, has been under the Maryland Workshop for the Blind will come under the administrative responsibility of the Division of Vocational Rehabilitation effective July 1, 1968. This administrative change will make possible a far greater coordination of rehabilitation service to the blind population because the teachers will be working out of the Division of Vocational Rehabilitation district offices and, thus, will be able to provide a more integrated program for the blind throughout the State.

2. Hearing and Speech Impaired

a. It is estimated that approximately 12,000 of the State's population have hearing impairments.[1] It is further estimated that there are at least 40,000 individuals in the school age population who

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[1] Estimates made from National Health Survey, United States, July 1961-June 1963 (Public Health Service Publication No. 1000 - Series 10, Nos. 17 and 32, U.S. Govt. Printing Office, Wash., D.C., May 1965 and June 1966) of individuals with hearing impairments that are limited in amount or kind of major activity or unable to carry on major activity, and extrapolated for disabled in Maryland.

have some speech defect or impairment interfering with normal development (i.e., resulting from such conditions as deafness, cleft palate, cerebral palsy, cleft lip, and including cases of aphasia due to strokes and similar cerebral disorders).[1] During Fiscal Year 1967, 514 individuals with hearing disability were served and, of this number, 180 were rehabilitated. In addition, 144 individuals with speech impairments were provided vocational rehabilitation services, of which 28 were rehabilitated.[2] While currently there is an Assistant Supervisor for Services to the Deaf working out of the Division's Headquarters office, there are no counselors presently working on a full-time basis with the hearing and speech impaired in the State.

2. *IT IS RECOMMENDED THAT ONE VOCATIONAL REHABILITATION COUNSELOR BE ASSIGNED TO THE BALTIMORE OR SUBURBAN WASHINGTON DISTRICT OFFICE TO WORK FULL-TIME WITH THE HEARING AND SPEECH IMPAIRED.*

b. Since communication is such a critical problem with the hearing impaired (particularly the profoundly deaf) it is important that vocational rehabilitation counselors who are serving these indi-

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[1]This conservative estimate is based on material from the Information Office, National Institute of Neurological Diseases and Blindness, National Institute of Health, 1967, which reported 5% of the school age population have some speech defect interfering with normal development. (The total Fall 1967 enrollment in the Maryland public and nonpublic schools was 970,135.)

[2]*Annual Report*, Fiscal Year 1967, Division of Vocational Rehabilitation, Maryland State Department of Education.

viduals are able to communicate effectively with them. At this time, no formal in-service program has been set-up to teach these counselors sign language which is a valuable tool in the communication process with the hearing impaired. Each year the Division is serving a significantly greater number of individuals with hearing impairments; therefore sign language instructions should be made available as soon as possible to the rehabilitation counselors serving these clients.

3. *IT IS RECOMMENDED THAT THE SUPERVISOR OF THE DEAF PROVIDE INSERVICE TRAINING IN SIGN LANGUAGE FOR THOSE COUNSELORS HAVING SIGNIFICANT NUMBERS OF HEARING IMPAIRED CLIENTS.*

c. The Rubella epidemic, which occurred between the period of late 1963 and early 1965, has affected approximately 10% of the live births in the urban areas and 5% in the rural areas.[1] Conservatively, it has been estimated that there are over 6,000 youngsters in this State with multiple handicaps resulting from the epidemic, including 50% having some degree of hearing loss.[2] These individuals are now beginning to enter the public school system. The Division

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[1]The figures on the Rubella epidemic are based on a report by Dr. Janet Hardy, Johns Hopkins University, Baltimore, Maryland, included in the document, "Community Meeting on Education of the Deaf and Children with Severe Auditory Problems," which was presented to the Maryland State Board of Education meeting, January 31, 1968.

[2]*Ibid.*

of Vocational Rehabilitation should be aware, in their future planning, of the need for identifying and for providing rehabilitation services to this population group.[1]

d. In Maryland, there are only four major locations which now provide diagnostic evaluation, audiological assessment, hearing aide recommendation, and auditory training. Three of these facilities are located in the Metropolitan Baltimore area (Johns Hopkins, University Hospital, Greater Baltimore Medical Center) and the fourth is at the University of Maryland in College Park.[2]

4. *IT IS RECOMMENDED THAT HEARING AND SPEECH CLINICS BE ESTABLISHED AT ONE OF THE MAJOR HOSPITALS ON THE EASTERN SHORE AS WELL AS IN CUMBERLAND OR HAGERSTOWN. PLANS FOR THE ESTABLISHMENT OF THESE CLINICS SHOULD BE MADE IN LINE WITH RECOMMENDATIONS WHICH WILL BE DEVELOPED FROM THE COMPREHENSIVE HEALTH PLAN WHICH WILL BE UNDERTAKEN IN FISCAL YEAR 1969.*

3. Heart Disease, Cancer, and Stroke

a. Recent Federal legislation focused upon the need for providing regional services to those afflicted with heart disease, cancer, stroke, and related diseases in a manner which links the best in modern medical care with health research and education and, at the

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[1]Task Force hearings: Washington County - Howard County

[2]Task Force hearing: Prince Georges County

same time, in a manner which shares limited health manpower and facilities.[1] Currently, regional medical programs are in various developmental stages within the State of Maryland. The State vocational rehabilitation agency has an important and vital role in the development of these programs and, therefore, should be totally involved in the planning stages of such programs.

One demonstration project which is being considered by the Maryland Regional Medical Program would be for the creation of an Epidemological and Statistical Center that would coordinate activities for a Register of Heart Disease, Stroke, Cancer and related diseases.[2] At the present time, the Heart Association of Maryland is developing a Register of Rheumatic Heart patients and another Register of Stroke patients.

5. *IT IS RECOMMENDED THAT THE DIVISION OF VOCATIONAL REHABILITATION, THROUGH ITS REFERRAL PROCESS, PROVIDE ASSISTANCE IN THE ESTABLISHMENT OF REGISTERS OF HEART DISEASE, STROKE AND CANCER PATIENTS.*

b. The Division of Vocational Rehabilitation provided services to approximately 800 individuals with heart and circulatory disabilities during Fiscal Year 1967, including 298 who were rehabilitated. The incidence of the stroke patients in Maryland is es-

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[1]"Regional Medical Program," *Rehabilitation Interagency Focus* Bulletin Number 10, February, 1968.

[2]Mr. Hob Anderson, Information Officer, Maryland Regional Medical Program, Baltimore, Maryland.

timated at about 5,000 per year,[1] with the incidence rate of Coronary Heart Disease being at least 30,000 per year.[2] Thus, at this time, the Division of Vocational Rehabilitation is serving only a small number of the State's individuals having cardiac and stroke disabilities. Currently, there is a cardiac work evaluation unit located in Baltimore City which is operated by the Heart Association of Maryland. During Fiscal Year 1967, approximately 350 patients were seen in the unit.

In order to provide services to a significantly greater number of individuals with cardiac and stroke disabilities, additional work evaluation units, strategically located, need to be established.[3] Hopefully, the Heart Association of Maryland will continue to exercise leadership in providing such services. In the event that this voluntary association is unable to establish additional units, an alternative means needs to be considered.

6. *IT IS RECOMMENDED THAT STATEWIDE WORK EVALUATION UNITS BE ESTABLISHED JOINTLY BY THE STATE DEPARTMENT OF HEALTH AND THE DIVISION OF VOCATIONAL REHABILITATION FOR CARDIAC AND STROKE PATIENTS TO ASSIST VOCATIONAL REHABILITATION COUNSELORS IN DETERMINING REALISTIC LIMITS FOR THE EMPLOYMENT OF SUCH CLIENTS.*

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[1]Lee S. Bowers, Program Director, Heart Association of Maryland, Baltimore City Task Force Hearing, June 20, 1967.

[2]Estimate based on data from *Cardiovascular Disease in the U.S.: Facts and Figures* (New York: American Heart Association, 1965).

[3]Task Force Hearings: Baltimore City, Montgomery County, St. Mary's County.

4. The Mentally Ill

a. During Fiscal Year 1967, the Division of Vocational Rehabilitation rehabilitated 1,300 individuals with psychiatric disabilities (out of a total 4,788 individuals rehabilitated by the agency in Fiscal Year 1967).[1] The large number of individuals rehabilitated in this disability category is attributable to the fact that Rehabilitation Units staffed by the Division of Vocational Rehabilitation counselor personnel have been established in all five of the State mental hospitals in the State. Although the rehabilitation units in these hospitals have materially helped in reducing the size of the institutionalized population, the growing trend toward community mental health centers and out-patient psychiatric clinics necessitates the need for greater involvement by the Division of Vocational Rehabilitation in these community-based facilities.

At the present time there is one counselor assigned on a part-time basis to the Crownsville State Hospital out-patient psychiatric clinic located in Baltimore City. Funds have been made available by Friends of Psychiatric Research, Inc. to the Division of Vocational Rehabilitation for Fiscal Year 1969 to provide salaries for two counselors to be assigned to two or possibly three of the State mental hospital out-patient psychiatric clinics (Crownsville, Springfield and/or Spring Grove).[2] Currently, there are three Community

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[1] *Annual Report*, Division of Vocational Rehabilitation, State Department of Education, Fiscal Year 1967.

[2] Dr. W. Bird Terwilliger, Director of Administration Services, Division of Vocational Rehabilitation, State Department of Education.

Mental Health Centers in the State; i.e., Holy Cross Hospital of Silver Spring in Silver Spring, Prince George's General Hospital in Cheverly, and Community Mental Health and Retardation Center in Baltimore. Similar Mental Health Centers are being planned by the Department of Mental Hygiene. However, there are no vocational rehabilitation counselors assigned to these Community Mental Health Centers at this time.[1]

7. *IT IS RECOMMENDED THAT VOCATIONAL REHABILITATION COUNSELORS BE ASSIGNED, INITIALLY ON A PART-TIME BASIS, TO EACH OF THE ESTABLISHED MENTAL HEALTH CENTERS IN THE STATE.*

b. For many years, the Department of Mental Hygiene has discussed the need for the establishment of quarterway and halfway houses for the mentally restored. The lack of available funds has precluded the establishment of these facilities at this time.

8. *IT IS RECOMMENDED THAT IN THE ESTABLISHMENT OF RESIDENTIAL FACILITIES FOR THE MENTALLY RESTORED IN THE COMMUNITY, NONPROFIT CORPORATIONS BE URGED TO ASSUME THE LEADERSHIP IN FUNDING SUCH FACILITIES IN THE EVENT THAT STATE FUNDS ARE NOT SO EARMARKED.*

c. There is a need for close coordination and cooperation of sheltered workshops in the community to provide mentally restored patients with work-conditioning and work-adjustment activities. This intermediate stage oftentimes is invaluable in acclimating these individ-

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[1] *Ibid.*

uals to the work and social pressures outside of the confines of the institution. Currently, only about 2% of all Division of Vocational Rehabilitation clients are sent to workshops for work evaluation, adjustment, etc.[1]

9. *IT IS RECOMMENDED THAT SHELTERED WORKSHOPS BE MORE FULLY UTILIZED BY THE STATE AGENCIES IN THE REHABILITATION OF THE MENTALLY RESTORED THROUGH THE PROCESS OF MAKING REHABILITATION COUNSELORS MORE AWARE OF THE VALUE OF THESE FACILITIES THROUGH STAFF IN-SERVICE TRAINING, ETC.*

5. The Mentally Retarded

a. At Rosewood State Hospital (the State facility which has the responsibility for the care, treatment, training, and rehabilitation of mentally retarded patients and emotionally disturbed children), there is a rehabilitation unit of four counselors currently serving in excess of 500 patients. The Supervisor of this rehabilitation unit has estimated that there are approximately another 400 patients who could benefit from the services of vocational rehabilitation.

10. *IT IS RECOMMENDED THAT THE VOCATIONAL REHABILITATION UNIT AT ROSEWOOD STATE HOSPITAL BE EXPANDED BY ONE COUNSELOR IN ORDER TO REDUCE THE BACKLOG OF INDIVIDUALS WHO COULD BENEFIT FROM REHABILITATION SERVICES.*

b. Currently, there are over 134 individuals awaiting admission to

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[1]*Maryland State Planning for Workshops and Rehabilitation Facilities*, April, 1968.

Rosewood State Hospital.[1] It is estimated that an additional 400 persons (90% of whom live in the Baltimore area)[2] could benefit from the hospital services if they were available.

11. *IT IS RECOMMENDED THAT INDIVIDUALS AWAITING ADMISSION TO ROSEWOOD STATE HOSPITAL BE MADE KNOWN TO THE BALTIMORE CITY OFFICE OF THE DIVISION OF VOCATIONAL REHABILITATION IN ORDER THAT AN ASSESSMENT OF THE NEEDS OF THESE INDIVIDUALS COULD BEGIN IMMEDIATELY. THIS COULD BE DONE BY ASSIGNING A FULL-TIME COUNSELOR TO WORK WITH THIS POPULATION. THUS, MANY OF THE MENTALLY RETARDED INDIVIDUALS COULD RECEIVE THE NECESSARY REHABILITATION SERVICES WITHOUT REQUIRING COSTLY AND UNDESIRABLE INSTITUTIONALIZATION.*

c. In Fiscal Year 1967, 1,440 mentally retarded individuals were served by the State vocational rehabilitation agency. Of this number, only about 20% were referred to sheltered workshops.[3]

12. *IT IS RECOMMENDED THAT VOCATIONAL REHABILITATION COUNSELORS BE MADE MORE COGNIZANT OF THE VALUE OF SHELTERED AND/OR TRAINING WORKSHOPS (i.e., THROUGH INSERVICE TRAINING, ETC.) FOR THE MENTALLY RETARDED CLIENTS.*

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[1]Estimate made by Dr. James Carson, Deputy Commissioner, Department of Health and Mental Hygiene.

[2]Estimate made by Norwood Williams, Supervisor of the Division of Vocational Rehabilitation Unit, Rosewood State Hospital, Owings Mill, Maryland.

[3]*Maryland State Planning for Workshops and Rehabilitation Facilities*, April, 1968.

d. The past few years have witnessed development of programs and projects which have the potential for significantly contributing to the total rehabilitation effort on behalf of these individuals. It is becoming increasingly evident that the retarded represent a manpower pool which virtually has been untapped. A program for the Federal employment of the mentally retarded, for example, has lead to the successful placement of more than 4,000 retardates at Federal installations across the nation since its inception in 1964.[1] The work performances of these individuals in varying employment opportunities have resulted in enlightened attitudes relative to their capabilities as productive workers; however, there still exist misconceptions on the part of many potential employers who have imposed unrealistic requirements in evaluating the potential of the mentally retarded (e.g., level of intelligence, work experience, etc.).

13. *IT IS RECOMMENDED THAT THE PRIVATE EMPLOYMENT SECTOR EMULATE THE LEADERSHIP TAKEN BY THE FEDERAL GOVERNMENT IN MODIFYING THEIR EMPLOYMENT PRACTICES FOR HIRING THE MENTALLY RETARDED THROUGH A CAREFUL EXAMINATION OF THE EMPLOYMENT STANDARDS CURRENTLY IN EXISTENCE. THE MARYLAND GOVERNOR'S COMMITTEE TO PROMOTE EMPLOYMENT OF THE HANDICAPPED SHOULD EXERCISE THEIR INFLUENCE IN ACHIEVING THIS DESIRED OBJECTIVE.*

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[1]Vocational Rehabilitation Administration Commissioners letter Number 68-17, December, 1967.

6. The Socially and Culturally Disadvantaged

a. It is estimated that, out of approximately 3,700,000 individuals in Maryland, there are about 600,000 whose income is less than $3,000 per year.[1] The disability rate among the poverty class is estimated to be at least two times the general population (in other words, about 18.6%).[2] It is estimated, therefore, that about 111,600 (18.2% of 600,000) individuals are disabled as a result of physical and mental conditions. Further, among the 600,000, approximately 7% of the population, or 42,100, are unemployed according to latest unemployment rates for the poverty class.[3]

To help combat poverty in the State, The Office of Economic Opportunity was established for the general purpose of administering in Maryland the Federal Economic Act of 1964. Through this Office, Community Action Agencies have been established in the majority of the counties in the State to work on poverty problems at local levels. Some of the programs funded through Community Action Agencies include Neighborhood Service Centers which operate in low-income neighborhoods to provide or make more accessible comprehensive

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[1]Figure reported by Office Of Economic Opportunity Program in Maryland which estimates there are 135,000 families living under the basic standard of living level in the State. The figure of 600,000 *people* is calculated on the average family size of 4.4 per family.

[2]Lawrence D. Haber, "Prevalence of Disability Among Noninstitutionalized Adults Under 65: 1966 Survey of Disabled Adults," Research and Statistics Note No. 4 (Baltimore: Social Security Administration, February 16, 1968).

[3]The "poverty class" is defined by the Bureau of Labor Statistics in a "poverty index" which takes into account not only income, but also skills, occupation, education, housing, etc., of families in urban areas of at least 250,000 population. Through this method, an unemployment rate of between 7% and 7-1/2% has been derived for the last quarter of 1967 and the first quarter of 1968.

medical, dental, diagnostic and other services. In addition, there are programs for migrants and seasonally employed farm workers and their families to improve their living conditions and to develop necessary skills for a self-sufficient life.

In most instances the county Community Action Agencies are prime sponsors of comprehensive work and training programs to enable low income youth and adults to obtain and hold employment. These programs are administered by the Bureau of Work Training Programs of the Department of Labor under delegation from the Office of Economic Opportunity. These programs include such activities as Operation Mainstream which offer special work activities for the chronically unemployed who are unable to secure appropriate work and training, and are specifically aimed at improving the areas where projects are located. Another program is Neighborhood Youth Corps which is aimed at unemployed or low income persons over 16 to assist them in securing useful work and training whereby they can obtain regular competitive employment. In addition, the New Careers programs, which are work and training activities for adults, lead to new types of career opportunities in community service fields such as education, health and neighborhood redevelopment.

Individuals who are engaged in these programs can be further assisted in making an even more stable vocational and social adjustment through a significantly greater involvement of the Division of Vocational Rehabilitation which can provide a wide variety of services.

14. *IT IS RECOMMENDED THAT ADDITIONAL VOCATIONAL REHABILITATION COUNSELORS BE ASSIGNED TO WORK IN CLOSE COORDINATION WITH PERSONNEL IN THE APPLICABLE COMMUNITY ACTION AGENCY PROGRAMS ESTABLISHED IN THE RESPECTIVE COUNTIES IN THE STATE.*

b. The Concentrated Employment Program, (CEP) whose sponsor is the Baltimore City Community Action Agency, was designated in September, 1967 to work in the target area of Baltimore City where there is estimated to be approximately 6,000 unemployed persons.[1] During Fiscal Year 1968, this project has set as its goal to recruit, process, train, and place into employment between 2,500 to 3,000 of the indigent population.[2]

At the present time, the Division of Vocational Rehabilitation has one counselor assigned to the Concentrated Employment Program. In order to more adequately serve the individuals in the Program who have physical, mental and/or emotional disabilities and need vocational rehabilitation services, it is essential that the rehabilitation unit be expanded.

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[1]Project Proposal for the Baltimore Employment Program, submitted by the Baltimore City Community Action Agency, Inc., Baltimore, Maryland, May 11, 1967, P. 19.

[2]*Ibid.*

15. *IT IS RECOMMENDED THAT THE VOCATIONAL REHABILITATION COUNSELING UNIT BE STRENGTHENED WITHIN THE BALTIMORE CITY CONCENTRATED EMPLOYMENT PROGRAM BY THE ADDITION OF ANOTHER VOCATIONAL REHABILITATION COUNSELOR.*

c. Referrals to the Division of Vocational Rehabilitation usually have been made by the Concentrated Employment Program staff and the Employment Service counselors after the individuals have been accepted into the Program. In order for the Division of Vocational Rehabilitation to make a substantially greater contribution in assisting the socially and culturally disadvantaged individuals in the Program, the rehabilitation counselor needs to be moved from a support role to that of a front-line agency member (i.e., as part of the Intake Team). In this connection, the medical information of the Concentrated Employment Program applicants which is furnished by the Baltimore City Health Department must be available to the rehabilitation counselor as soon as possible in order to accelerate the provision of the necessary rehabilitation services to these individuals.

16. *IT IS RECOMMENDED THAT MEDICAL INFORMATION DATA OF THE BALTIMORE CITY HEALTH DEPARTMENT BE MADE AVAILABLE TO THE VOCATIONAL REHABILITATION COUNSELOR PRIOR TO HIS SEEING CONCENTRATED EMPLOYMENT PROGRAM APPLICANTS AT INTAKE IN ORDER TO EXPEDITE ELIGIBILITY DETERMINATION FOR VOCATIONAL REHABILITATION SERVICES.*

7. The Alcoholic

a. At present, insufficient facilities and staff personnel are available to treat and rehabilitate the great number of alcoholics in the State (estimated to be between 80,000 and 100,000 persons).[1] Facilities needed are detoxification centers, long-term treatment centers, additional full-time outpatient clinics, and a network of supportive rehabilitation services. Currently, there is no operational detoxification unit in the State other than a very small five-bed unit in Baltimore. The State Mental Hygiene facilities reported 5,782 admissions of alcoholics in Fiscal Year 1967, 3,755 of which were readmissions.[2] This represents 50% of the total admissions to State psychiatric facilities.

The Division of Vocational Rehabilitation is not presently prepared to offer rehabilitation services to more than a small fraction (.1%) of the total number of alcoholics, or to about 1% of the total number of persons in Maryland (42,000 per annum)[3] who will probably be arrested for drunkenness. (In Fiscal Year 1967, 320 Division of Vocational Rehabilitation clients, with a primary disability of alcoholism, were rehabilitated in four units attached to the State mental hospitals.)[4]

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[1]G. L. Nilsson, ACSW - "The Alcoholism Problem in Maryland." See also Task Force Hearings in Baltimore City and Montgomery County.

[2]Department of Mental Hygiene, *Statistical Report*, February, 1968.

[3]G. L. Nilsson, *op. cit.*

[4]*Annual Report*, Division of Vocational Rehabilitation, State Department of Education, Fiscal Year 1967.

Of the 42,000 arrests for public intoxication which will be made in Maryland in 1968, at least 13,000 persons are chronic alcoholics.[1] Therefore, it is essential that the Departments of Health and Mental Hygiene, and rehabilitation supportive services, develop facilities to serve these persons with treatment and rehabilitation in the very near future.

The figures for arrest are of special importance and of immediate concern since two recent Federal Appellate Court decisions, in the Fourth Judicial Circuit (the *Driver* and *Easter* decisions)[2] have declared that evidence of chronic alcoholism (public drunkenness) does not constitute a crime punishable by jailing. These decisions have required alternatives to jailing or other strictly punitive measures. More recently (June, 1968), the Supreme Court of the United States gave almost evenly divided opinions (a 5 to 4 decision) in the case of *Powell v. Texas* regarding the constitutionality of jailing an alcoholic by upholding the conviction of Powell for public drunkenness. The majority and the minority agreed that jailing is presently the only recourse possible in the vast majority of communities because there is a lack of other alternatives (i.e., detoxification centers, rehabilitation facilities, etc.), but that incarceration fails to solve the problems of the chronic alcoholic. The Supreme Court Justices made it clear that the efforts of the states *must* be accelerated in

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[1] G. L. Nilsson, *op. cit.*

[2] *Easter v. District of Columbia* (D. C. App., 1966) and *Driver v. Hinnant* (U. S. C. A. 4, 1966).

establishing rehabilitation facilities to deal with this disease about which the medical profession has such limited knowledge. Therefore, all states have been given a mandate to provide adequate facilities for detoxification and rehabilitation of alcoholics by the judicial branch of the Federal government.

The Maryland General Assembly of 1968 recognized the need for removal of public intoxication from the criminal system, and establishment of a modern public health program of detoxification and supportive health, welfare and rehabilitation services, by repealing Article 2C of the Annotated Code of Maryland and enacting a new Article 2C in lieu thereof to provide for facilities relating to intoxication and alcoholism programs to be developed by the Division of Alcoholism Control within the Department of Mental Hygiene and in partnership with local governments. The Department of Mental Hygiene is planning a new facility to be known as the Social Rehabilitation Facility for Chronic Alcoholics. This will be designed for long-term inpatient rehabilitation and treatment (three to 24 months) exposing the alcoholic to the same treatments as offered in the short-term inpatient treatment (4-6 weeks) in the hospitals (psychiatric evaluation, alcoholism education and counseling, group therapy, vocational rehabilitation, family counseling, and exposure to Alcoholics Anonymous). When detoxification centers are established, much of the burden of "drying out" of patients will be removed from the four mental hospitals, which will release more beds for the four-to-six-week treatment. This population is seen to be a more highly motivated group than will be treated at the proposed long-term treatment center. Both facilities are to be State facilities, with local

Health Departments responsible for the detoxification centers and outpatient clinics. There are now approximately 320 beds available for short-term treatment and the proposed new center will house around 181 to 200 patients at any given time.[1] At the local level, Vocational Rehabilitation counselors should be part of the outpatient clinic team, working in close cooperation with the Department of Health. Where an urban full-time clinic is in operation, a Vocational Rehabilitation counselor should be assigned on the basis of one to every 60 to 75 patients in order to give in-depth vocational counseling and follow-up service.[2]

17. *IT IS RECOMMENDED THAT AS THE DESPERATELY NEEDED DETOXIFICATION UNITS, TREATMENT CENTERS, REHABILITATION UNITS, AND OUTPATIENT CLINICS FOR ALCOHOLICS ARE EXPANDED IN MARYLAND, VOCATIONAL REHABILITATION TAKE AN ACTIVE PART IN THE STAFFING OF THE PROPOSED AND EXISTING RURAL AND REGIONAL CLINICS AND CENTERS, THROUGH THE INITIAL ASSIGNMENT OF PART-TIME COUNSELORS.*

18. *IT IS RECOMMENDED THAT ONE VOCATIONAL REHABILITATION COUNSELOR BE ASSIGNED IMMEDIATELY TO THE BALTIMORE ALCOHOLISM CENTER WHERE THERE IS A DEMONSTRATED NEED FOR REHABILITATION SERVICES.*

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[1]G. L. Nilsson, "Social Rehabilitation Facility for Chronic Alcoholics," February, 1968.

[2]The Rev. H. E. Shelley - Baltimore City Alcoholism Center.

b. Expansion of services must include the inauguration of new techniques and attitudes. Halfway houses for alcoholics and opportunities for sheltered employment of a number of alcoholics are seen as necessary elements in the total rehabilitation of alcoholics after physical and psychological treatment has been carried out.[1] Vocational Rehabilitation services should be present and made available at all stages of after-care of the alcoholic, particularly in the field of sheltered workshops, employment counseling, and individual planning for clients.[2] Early contacts, through halfway houses, could help lower the high rate of recidivism among alcoholics. It is felt that this would greatly increase the probability for success of a rehabilitation program for some individual clients who find it difficult to hold a job in the competitive job world. Supportive counseling for those returning to active life in the community is absolutely essential since many alcoholics cannot sustain sobriety and a regular work schedule without it.

19. *IT IS RECOMMENDED THAT IN ORDER TO PROVIDE FOR THE INCREASED NEED OF VOCATIONAL REHABILITATION PARTICIPATION IN THE PROGRAMS RELATED TO THE TOTAL REHABILITATION OF ALCOHOLICS, A SUPERVISOR BE DESIGNATED IN THE HEADQUARTERS STAFF OF THE DIVISION OF VOCATIONAL REHABILITATION TO ADMINISTER A REHABILITATION PROGRAM FOR ALCOHOLICS.*

20. *IT IS RECOMMENDED THAT THE DIVISION OF VOCATIONAL REHABILITATION ENCOURAGE AND SUPPORT SHELTERED WORKSHOP PROGRAMS FOR THOSE RECOVERING ALCOHOLICS WHO NEED A PERIOD OF WORK ADJUSTMENT, WORK CONDITIONING, ETC.*

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[1] Interview of Division of Vocational Rehabilitation Headquarters staff members.

[2] Task Force Hearings: Baltimore City, Lower Eastern Shore and Montgomery County.

c. It is apparent that, as the result of recent legislation passed in Maryland, the treatment and rehabilitation of alcoholics is a top priority item in the comprehensive health planning program for Maryland. Since one of the obstacles to implementing much of the proposed program for the rehabilitation of alcoholics is lack of State funds, it is indicated that Vocational Rehabilitation can and should, with the use of Federally-matched case service funds, offer greatly needed service to this disabled group.[1]

21. *IT IS RECOMMENDED THAT THE DIVISION OF VOCATIONAL REHABILITATION BE AN INTEGRAL PART OF THE OPERATIONAL PLANNING GROUP ESTABLISHING THE STATEWIDE PROGRAM FOR THE REHABILITATION OF ALCOHOLICS. THE USE OF THE FEDERAL-STATE REHABILITATION FUNDING FORMULA (3-TO-1 MATCHING RATIO) COULD THUS EASE THE BURDEN ON STATE FISCAL RESOURCES.*

d. Vocational Rehabilitation counselors report that work with alcoholics is frustrating and inconclusive. Clients who are alcoholics are difficult to control, difficult to place on jobs, and resistant to counseling. Many unskilled, unemployed persons have other physical disabilities and are referred to Vocational Rehabilitation for correction and rehabilitation but, in actuality, their chief problem is alcoholism which prevents them from being either motivated or able to obtain employment. Counselors are generally reluctant to serve alcoholics.[2] Lack of follow-up has been cited as the chief cause of

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[1] "The Inclusion of Vocational Counseling in an Alcoholism Rehabilitation Program," *Final Report*, New York Alcoholism Vocational Rehabilitation Project #418 (New York: 1963).

[2] Conversations with Division of Vocational Rehabilitation counselors in the Headquarters and Baltimore City offices.

failure of client rehabilitation plans. These recommendations are made with regard to present services as well as to future services on an expanded basis. It is imperative that more vocational rehabilitation counselors be trained in depth to successfully handle the large number of alcoholics who should and must be vocationally rehabilitated. Assignment to work with alcoholics should be by self-selection, if possible.[1]

22. *IT IS RECOMMENDED THAT THE DIVISION OF VOCATIONAL REHABILITATION FIELD SERVICE UNIT ASSUME THE RESPONSIBILITY FOR INSURING THE ACCEPTANCE FOR SERVICES OF THOSE INDIVIDUALS WHO ARE ACTIVELY UNDER TREATMENT BY AN ALCOHOLIC UNIT OR CLINIC AND FOR WHOM NECESSARY SERVICES MUST BE PROVIDED FOR AN INDEFINITE PERIOD OF TIME.*

8. Drug Abuse

a. The usage of drugs is divided into two areas: dangerous drug usage and narcotic drug usage. It is estimated that there are between 2,000 and 10,000 narcotics addicts and five times that number of dangerous drug users in Maryland. (The wide range of these statistics indicates the difficulty of gathering data.[2] These are conservative figures.) The users of narcotic drugs are identified primarily in the correctional institutions and mental hospitals where they are being punished and/or treated for drug addiction. It is in both institutions that the Division of Vocational Rehabilitation counselors will encounter the known narcotics addicts and must be prepared to extend a plan

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[1] *Ibid.*

[2] Maryland Commission to Study Problems of Drug Addiction, *Interim Report*, January, 1966.

for rehabilitation. In 1967, 244 patients with a primary diagnosis of narcotics addiction were admitted to Maryland's psychiatric hospitals.

Other sources of referral are the clinics and private organizations working with narcotics addicts. In Baltimore, a Narcotic Clinic is operated by the Department of Mental Hygiene in conjunction with the Department of Parole and Probation. Over a three-year period, 200 patients were accepted. All patients are prison parolees; psycho-therapy is used with no "substitute drug" (such as methadone) offered. There have been no referrals to the Division of Vocational Rehabilitation from this group of opium addicts.

The "Man Alive" program, extended at three locations in Baltimore to heroin addicts, offers controlled detoxification, methadone maintenance, supportive group therapy, referrals to other private and public programs, job placement and public education. Frequent periodic urinalysis is part of the program. Since July 1966, a case load of over 300 addicts (voluntary) has been accumulated. Roughly 175 addicts have been referred to the Division of Vocational Rehabilitation from this private clinic.

Baltimore City Hospital has an out-patient clinic for addicts, offering controlled detoxification, methadone maintenance, and psychotherapy. It has a case load of less than 100, with an eight-bed inpatient unit. A private clinic, "Adult Challenge", offers controlled detoxification followed by abstinence, supportive group therapy, referrals to other private and public programs, job placement and public education. Approximately 50 persons have been referred to the Division of Vocational Rehabilitation by this private facility. Other Baltimore

programs include S.A.N.D. (Seekers of a New Direction) which holds weekly meetings and includes abstinence, group therapy and referrals; and the Southeastern Health District clinic which is open to all drug abusers and offers supportive group therapy in cooperation with "Man Alive", which issues medication.

The Division of Vocational Rehabilitation counselors who work with drug addicts agree that they comprise a strongly unmotivated clientele. The addicts range in age, on the average, from 18 to 25; are, for the most part, Caucasian; and are employed periodically. Many are skilled but are under-employed. They can both find and lose jobs frequently. Very few, if any, are ready for, or interested in training to advance themselves in employment. Someone in their families or encountered in their treatment must see a rehabilitation potential in the addicts, because they usually fail to see it in themselves and prefer to maintain the *status quo*. In sum drug addicts, like alcoholics, are difficult clients for the Division of Vocational Rehabilitation counselor to motivate and rehabilitate.

In Puerto Rico, a very advanced program of total rehabilitation of the drug addict is carried on. The program utilizes ex-addicts as part of the community adjustment plan and thus provides employment for ex-addicts as staff members of care centers. The entire program is based on the total involvement of the addict in his own rehabilitation, including voluntary cut-back of the intake of heroin, detoxification, mental detoxification, psychiatric therapy, residency in a Halfway House, employment as a therapeutic aide and finally, complete reentry into community and job placement. Relapse rate

under this program is very low (5.6%) compared to the U.S. average rate of 70 to 75%.[1]

The Maryland Commission to Study Problems of Drug Addiction has made a comprehensive study of the Maryland problem. It has revealed the extent of illegal narcotics use in Maryland and the relative ability of State and local agencies to identify and cope with the drug addict. The Commission interviewed exhaustively Juvenile and Correction Services personnel, Health Agencies and Socio-Education agencies. It found that 2,915 suspected or admitted cases of drug abuse were reported during the project period of March 1, 1967 to September 1, 1967. (This is a low number based on other studies of target populations.) The majority of drug abuse cases reported to this study were found in Baltimore City. The agencies responsible for legal aspects of drug abuse and custodial care of users (e.g., courts, police, jails, penal institutions, parole and probation, and training schools) appear to be most informed and interested in the problem and the users.[2]

It is in working with correctional institutions and juvenile correctional institutions that the Division of Vocational Rehabilitation will encounter many of its drug-user clients. (The new Department of Correctional Services reception center will screen all admissions for drug abuse.) It will be necessary for the counselors to be ready to cope with this element of the population.

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[1] *Three Approaches to Drug Addiction*, Islia Rosado, Springfield Hospital Vocational Rehabilitation Unit (Baltimore: 1967).

[2] Maryland Commission to Study Problems of Drug Addiction, Interim Report, December, 1967.

There are no facilities now for drug users 14-20 years of age. Until detoxification and other facilities are established or improved, the Division of Vocational Rehabilitation counselors will have a difficult time achieving successful rehabilitations of drug addicts. The Division of Vocational Rehabilitation must be aware, however, of the significant number of drug users whose primary disability is drug addiction, and utilize the same techniques and weighted-point system as recommended for working with alcoholics. Identification of youthful addicts or drug abusers in the schools by the staff of the Educational-Vocational Rehabilitation units will be a difficult, but important, task. (At present, no schools carry systematic information about drug abuse in their records.)[1] The drug abuse problem is growing in size and positive steps must be taken by *all* agencies to meet the challenge. The few Division of Vocational Rehabilitation staff members who currently work with addicts see a great need for Halfway Houses and other sheltered living and working situations for drug addicts.

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[1] *Ibid.*

NOTE: *The material which follows relates to either ongoing or proposed programs which have vocational rehabilitation implications.*

C. Programs

1. The Aging

a. It is conservatively estimated that, in Maryland, there are between 75,000 and 90,000 persons who are over 65 and who are physically disabled.[1] It is conceivable that this number could go as high as 186,000 if all rate of disability factors are considered.[2] Forty percent of the long-time unemployed are over age 45 and the incidence of disability rises sharply in the groups of over-60 and over-65. It is estimated that from 25% to 42% of all the disabled are in the over-65 group. By contrast, 2% of the Division of Vocational Rehabilitation case load is over 65 years of age. (The Division is now serving 1,315 persons who are over 60, including 530 over 65.) The bulk of Division of Vocational Rehabilitation services (55%) now goes to the age group of 20 to 44,[3] which (according to a recent survey in Pennsylvania)

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[1]The Social Security Administration estimates that 25% of all persons over 65 (76,500) are disabled. This is projected on a base figure of 306,200 persons over 65 in Maryland. It is estimated by the Maryland State Planning Department that by 1980 there will be 442,000 persons in the State over 65. It can reasonably be assumed that, by the target date of this project (1975), those over 65 will number about 350,000. Using this as a base figure, it is estimated that 87,000 persons over 65 will be disabled at that point in time. This is a low estimate. The Pennsylvania Vocational Rehabilitation Planning Project reported in April 1968 that 42.2% of all the disabled are over 65 years of age. If a conservative figure of 300,000 total disabled in Maryland is used, this indicates that 126,000 persons could be identified as over 65, disabled, and eligible for vocational rehabilitation services. Thus, 90,000 is a very conservative figure.

[2]If the base figure of 444,000 disabled is used, and 42% of the disabled are over 65, the resulting number could be 186,480.

[3]*Annual Report,* Division of Vocational Rehabilitation, State Department of Education, Fiscal Year 1967.

constitutes only 20.4% of the total number of disabled in the State.[1]

It is evident that the Division of Vocational Rehabilitation is not actively seeking out older persons as clients. This, of course, is related to the eligibility limitation *re* work potential. This disproportion is, naturally, the product of the demands made upon the Division of Vocational Rehabilitation staff to achieve successful and rapid rehabilitations for budgetary reasons. It does leave, however, a large segment of the disabled population with a very small portion of the services offered.

b. Although the Maryland Commission on the Aging seeks to encourage the formation of County Commissions on the Aging and the setting up of programs for training, employment, and workshops (in cooperation with the Maryland Departments of Health and Education), there are very few active training programs. There are four county groups working with elderly women in the area of home assistance (Neighborhood Aides), three County Senior Centers for recreation, arts and crafts, and two Over-60 Employment Services in the State (one in Baltimore City).

23. *IT IS RECOMMENDED THAT THE DIVISION OF VOCATIONAL REHABILITATION EXPLORE WITH THE COMMISSION ON THE AGING AND PRIVATE REHABILITATION AGENCIES THE RANGE OF POSSIBLE SERVICES THAT MAY BE RENDERED THE DISABLED AGING WORKER.*

Baltimore has applied for a grant to develop workshops for the aging in conjunction with nursing homes. Although well motivated, these programs are not enough to make an impact on the problem of the

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[1] *Progress*, Report of Pennsylvania's Comprehensive Vocational Rehabilitation Planning Project, April 1968.

sizable number of older persons who can become productive again after retiring or after becoming disabled and eligible for vocational rehabilitation services. The licensed capacity of all the nursing homes in Maryland is 9,741. It can be assumed that one-fourth or more of the patients can resume productivity if rehabilitated.

24. *IT IS RECOMMENDED THAT THE DIVISION OF VOCATIONAL REHABILITATION WORK CLOSELY WITH HOSPITALS AND NURSING HOMES WHICH DEAL PRIMARILY WITH GERIATRIC PROBLEMS TO SET UP PROGRAMS OF COUNSELING AND EVALUATIONS FOR PERSONS WHO HAVE BEEN PHYSICALLY AND MENTALLY RESTORED TO A CONDITION WHERE PRODUCTIVITY IS BOTH DESIRABLE AND FEASIBLE.*

c. It has been demonstrated in other states that the retraining of older workers for employment can successfully be done in the setting of the sheltered workshop.[1] Privately sponsored workshops for senior citizens are not uncommon, and serve a very useful role in providing evaluative services, establishing community contacts necessary to acquire subcontract work, to market the finished products, and to act as catalysts between clients and employers who can move from the sheltered workshop environment to employment in industry or business.[2] Workshop

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[1]"The Vocational Rehabilitation of Older Handicapped Workers," Rusalem, Baxt and Barshop, Vocational Rehabilitation Administration, Department of Health, Education and Welfare, 1963.

[2]In New York City, a vocational rehabilitation project for older disabled workers, carried on for four years (1957-1961), led the way for other projects in Missouri, Minnesota, Wisconsin, Florida, Virgin Islands, Pennsylvania, Alabama, and Texas. In some instances, Jewish agencies organized the projects, a Kiwanis Club sponsored one workshop, and an Easter Seal affiliate sponsored another. All projects had the administrative cooperation of the vocational rehabilitation agency. See "Rehabilitating the Aging Disabled Worker," *Rehabilitation Record*, September-October 1963.

growth in Maryland has been both slow and uneven in distribution, with no workshop programs focusing on the elderly disabled person *per se*. In working for the expansion of workshops serving a variety of clients, the Division of Vocational Rehabilitation should take the leadership in encouraging the establishment of workshops to serve the older, disabled worker.

25. *IT IS RECOMMENDED THAT A PORTION OF THE ANNUAL BUDGET OF THE DIVISION OF VOCATIONAL REHABILITATION BE SET ASIDE FOR THE SUPPORT AND UTILIZATION OF ADDED WORKSHOPS IN ORDER TO ALLEVIATE THE HEAVY LOAD OF THE PUBLIC AND PRIVATE WELFARE AGENCIES WHO ARE FACED WITH THE GROWING PROBLEM OF MANY UNEMPLOYED OLDER PERSONS. OPPORTUNITY CENTERS AND WORKSHOPS, PRIVATE OR STATE SUBSIDIZED, SHOULD BE ESTABLISHED IN, OR IN PROXIMITY TO, HOMES AND/OR HOSPITALS FOR THE ELDERLY.*

2. Correctional Rehabilitation

a. A joint cooperative agreement between the Division of Vocational Rehabilitation and the Department of Correctional Services was drawn up in October 1966. This agreement established a rehabilitation unit in the Maryland Correctional Training Center in Hagerstown, Maryland. The combined population of the Maryland Correctional Institution and Maryland Correctional Training Center is around 1,500.[1] The original estimate was that the staff of this unit would provide service to about 400 clients a year; however, the present case load is over 550.[2]

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[1]*The Maryland State Budget for the Fiscal Year Ending June 30, 1969*, p. 636.

[2]Reported by Fiscal Operation Section, Division of Vocational Rehabilitation.

The 1965 Amendments to the Vocational Rehabilitation Act clearly outlined that "behavioral disorders" (characterized by deviate social behavior or impaired ability to carry out normal relationship with family and community which results from vocational, education, cultural, social environment, or other factors) is included within the definition of mental and emotional disability.[1] It has been estimated that a minimum of 50% of the individuals within a State correctional institution may be eligible for services by the Division of Vocational Rehabilitation by virtue of having physical, mental, and emotional (including behavioral disorder) conditions.[2] Only a small proportion of the total number (which is approximately 5,500[3]) of incarcerated individuals in the institutions are being given all the services necessary to effect their rehabilitation.

The Division of Vocational Rehabilitation and Department of Correctional Services have recognized that, at this time, programs for the adult offender are insufficient; therefore, the two agencies revised and expanded the original cooperative agreement and the new agreement became effective April 1, 1968. This agreement has called for the establishment of a rehabilitation unit in the centralized Reception and Evaluation Center in Baltimore. (This center, established in June of 1967, receives all individuals committed by the

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[1] *Federal Register*, Vol. 31, No. 9, January 1966, Revision of Regulations.

[2] This estimate is based on the study "Rehabilitating Public Offenders," South Carolina Vocational Rehabilitation Department, Research and Demonstration Grant 1709-G (Columbia, South Carolina: 1968).

[3] Information included in cooperative agreement between the Department of Correctional Services and the Division of Vocational Rehabilitation, April 1968, p. 4.

Maryland courts, prepares admission summaries, and assembles case histories on newly received inmates, and thus assigns inmates to the various facilities of the Department of Correctional Services.) The proposed method of financing this rehabilitation program will be through Federal and State matching funds as required under Section II of the Vocational Rehabilitation Act (Public Law 89-333) and as provided in the Maryland State Plan for Vocational Rehabilitation. The Department of Correctional Services will allot approximately $100,000 of its capital funds for this unit and also for the construction of a rehabilitation dormitory.

Because plans are currently being made for the establishment of a vocational rehabilitation program at the Reception and Evaluation Center in Baltimore, a vocational rehabilitation counselor should be assigned to the Maryland House of Correction in Jessup (a medium security institution for male offenders serving sentences of three months or more). During Fiscal Year 1967, this institution had an average daily population of 1,734 with an intake rate of 3,469 and departure rate of 3,487 in the same period of time.[1]

26. *IT IS RECOMMENDED THAT, CONCOMITANT WITH THE PLANNING OF A REHABILITATION UNIT AT THE DEPARTMENT OF CORRECTIONAL SERVICES' RECEPTION AND EVALUATION CENTER, A REHABILITATION COUNSELOR BE ASSIGNED, AT THE OUTSET, TO THE MARYLAND HOUSE OF CORRECTION IN JESSUP, MARYLAND. THIS COUNSELOR WOULD SCREEN AND EVALUATE THOSE INMATES NOW NEARING THE COMPLETION*

[1]Report submitted to the Governor's Study Group by Mark A. Levine, Department of Correctional Services.

OF THEIR SENTENCES AND NEEDING ASSISTANCE IN MAKING A VOCATIONAL ADJUSTMENT IN THE COMMUNITY, ALONG WITH THOSE INDIVIDUALS ASSIGNED FROM THE RECEPTION AND EVALUATION CENTER IN BALTIMORE.

b. The Maryland Correctional Institution for Women-Jessup (the only correctional facility for women in the State) receives adult female offenders convicted of either felonies or misdemeanors. The annual daily population during Fiscal Year 1967 was 170 with an intake rate of 213 and departure rate of 244 individuals in the same fiscal year.[1] At this time, however, the Division of Vocational Rehabilitation has not assigned a rehabilitation counselor to this facility.

27. *IT IS RECOMMENDED THAT A REHABILITATION COUNSELOR BE ASSIGNED, INITIALLY ON A PART-TIME BASIS, TO THE MARYLAND CORRECTIONAL INSTITUTION FOR WOMEN IN JESSUP, MARYLAND, TO PROVIDE NECESSARY VOCATIONAL REHABILITATION SERVICES TO THIS POPULATION.*

c. The Department of Correctional Services operates a Correctional Camp Center at Jessup where currently there are approximately 400 adult public offenders.[2] The Center was completed at the beginning of Fiscal Year 1967. The Work Release Department of the Department of Correctional Services (a program by which inmates are granted the privilege of leaving correctional institutions during regular working hours to engage in gainful employment within the State of Maryland) has established their headquarters at this Center. During Fiscal

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[1] *Forty-First Annual Report*, Maryland Department of Correction, Fiscal Year 1967, p. 39.

[2] *op. cit.*

Year 1967, 370 inmates of the correctional camps participated in the work release program.[1] The assignment of a vocational rehabilitation counselor at this center would expedite the development of rehabilitation programs for individuals in this institution.

28. *IT IS RECOMMENDED THAT A REHABILITATION COUNSELOR BE ASSIGNED, INITIALLY ON A PART-TIME BASIS, TO THE CORRECTIONAL CAMP CENTER IN JESSUP TO SCREEN AND EVALUATE THE INMATES FOR REHABILITATION POTENTIAL AND PROVIDE SERVICES FOR THEIR EMPLOYMENT IN THE COMMUNITY.*

d. In addition to the Correctional Camp Center at Jessup, there are four other correctional camps under the administrative aegis of the Department of Correctional Services; i.e., Eastern Correctional Camp at Church Hill (Queen Anne's County), Poplar Hill Correctional Camp at Quantico (Wicomico County), Southern Maryland Correctional Camp at Hughesville (Charles County), and the Central Laundry Correctional Camp in Sykesville (Carroll County). Prisoners in these camps (approximately 500)[2] are employed on projects conducted by the State Roads Commission, Department of Forests and Parks, Maryland State Police, other State departments and institutions, and county public agencies.

Since these camps are being used more and more as pre-release facilities by the Department of Correctional Services, individuals

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[1] *Forty-First Annual Report*, Maryland Department of Correction, Fiscal Year 1967, p. 26.

[2] *op. cit.*

in these institutions are excellent candidates for services provided by the Division of Vocational Rehabilitation because the primary focus is on preparing them to make a stable community adjustment.

29. *IT IS RECOMMENDED THAT, IN THE NEAR FUTURE, VOCATIONAL REHABILITATION COUNSELORS BE ASSIGNED, INITIALLY ON A PART-TIME BASIS, TO EACH OF THE OTHER FOUR CORRECTIONAL CAMPS IN THE STATE IN LINE WITH THE INCREASED UTILIZATION OF THESE FACILITIES BY THE DEPARTMENT OF CORRECTIONAL SERVICES.*

3. Economic Opportunity Programs

a. It is estimated that, based on a total population of the State of Maryland of 3,700,000, there are 600,000[1] with annual incomes of less than $3,000, of which 180,000 (or 30%) to 240,000 (or 40%)[2] are disabled (chronically, acutely; physically, mentally, emotionally, or with behavioral disorders).

Approximately 20% of the population of Maryland is located in rural areas. The remaining 80% is located in either Metropolitan Baltimore or Metropolitan District of Columbia (Maryland portion);[3] therefore, the bulk of aid going to the poverty population is, of necessity, located in the urban areas. Such programs as the Job Corps, Concentrated Employment Program, Human Resources Development,

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[1]In 1960, Office of Economic Opportunity statistics indicated that 15.2% of all families in Maryland had incomes of less than $3,000. Projecting the growing population figures, by 1980 there will be 138,750 families with incomes of less than $3,000, or 610,500 persons @ 4.4 persons per family. Another method of computation would be to multiply 15% by the total 1970 population of 3,900,000 which equals 585,000; more by 1975.

[2]A recent statement by Federal government officials (May 1968) indicates that the prevalence of disability for the poverty stricken is roughly three times that of the general population percentage of 12% to 14%.

[3]Maryland State Planning Department population projections to 1980.

Neighborhood Youth Corps, Opportunities Industrialization Center, and the Work Experience Training Program are job oriented to industry and employment in the urban areas, both skilled and unskilled.

At the present time, the Division of Vocational Rehabilitation has no formal written agreement with the Office of Economic Opportunity in the State of Maryland or with any of the above-named programs. In reviewing the Concentrated Employment Program (see B-6), it is evident that the Division of Vocational Rehabilitation has a very real commitment to serve those who are in target areas of poverty. It is estimated that, in the Concentrated Employment Program alone, 30-35% of the enrollees are disabled.[1] It is also estimated that as many as 50% of those living in the target areas of poverty are disabled.[2] The Cooperative Area Manpower Planning System (CAMPS) programs are seeking to pull together all resources, including those of the Division of Vocational Rehabilitation, to serve the unemployed population of Maryland. The CAMPS programs, however, are advisory and not operational at the present time.

30. *IT IS RECOMMENDED THAT THE DIVISION OF VOCATIONAL REHABILITATION, AS SOON AS POSSIBLE, DEVELOP WITH THE STATE OFFICE OF ECONOMIC OPPORTUNITY A WORKING AGREEMENT THAT WILL DEFINE AND DELINEATE THE AREAS OF SERVICE TO BE EXTENDED BY THE DIVISION OF VOCATIONAL REHABILITATION TO THE DISABLED POOR WHO ARE ENROLLED IN ANTI-POVERTY PROGRAMS.*

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[1] Interview with Concentrated Employment Program official.

[2] *Ibid.*

This would include the process of identification and referral of additional disabled poor by both the Office of Economic Opportunity and the Division of Vocational Rehabilitation through out-reach programs.

b. It is evident that the staff of the Community Action Agency (CAA) and of related agencies are not fully aware of the range of services that the Division of Vocational Rehabilitation is in a position to offer. The nature and purpose of the CAA is "to mobilize community resources to help families combat the problems of poverty." Since poverty and disability are closely related in incidence and prevalence rates, it is incumbent upon the CAA and Division of Vocational Rehabilitation to be fully aware of their responsibility in the community.

31. *IT IS RECOMMENDED THAT, IN BALTIMORE AND IN OTHER AREAS WHERE THERE IS A COMMUNITY ACTION AGENCY IN EXISTENCE, A WRITTEN AGREEMENT BE DEVELOPED AND IMPLEMENTED BETWEEN THE COMMUNITY ACTION AGENCY AND THE DIVISION OF VOCATIONAL REHABILITATION.*

This agreement should reflect the determination of referral procedures, evaluation by Vocational Rehabilitation early in the screening process, and full exchange of information (such as medical information, family history, etc.) regarding those who are in need of the services of the Division of Vocational Rehabilitation and related agencies.

4. Facilities and Workshops

The Division of Vocational Rehabilitation, under authority and funding by the 1965 Vocational Rehabilitation Amendments, recently completed *The Maryland State Plan for Workshops and Rehabilitation Facilities.* The

following deficiencies were among those identified by the staff responsible for the preparation of this plan:

(1) The distribution of workshops and rehabilitation facilities within Maryland is such that large areas of the State do not have the diagnostic, adjustment, and training services required to serve the handicapped population.

(2) Existing workshops and rehabilitation facilities report substantial waiting lists and serve only a small number of the total State rehabilitation agency case load. (Only 435 clients were referred by the State rehabilitation agency to sheltered workshops during 1967. In addition, only 341 Division of Vocational Rehabilitation clients, or less than 2% of the State agency case load, was receiving sheltered workshop services.)

(3) Utilization data confirmed that there is a large unmet need for sheltered workshop and facility services on the part of clients already known to the Division of Vocational Rehabilitation (2,640 clients or 15% of the total case load needing rehabilitation facility services and 1,988 clients or 12% of the State agency case load needing workshop services).

The following general conclusion was provided by the Workshop and Rehabilitation Facility Planning staff: In order to meet the rehabilitation service needs of the disabled population, the State rehabilitation agency must participate in the development of sheltered workshops and rehabilitation facilities throughout the State. There must be a concomitant growth in the resources of the State rehabilitation agency and those of the workshops and rehabilitation facilities throughout the State. More specifically, this staff made the following points with respect to the Statewide program and service needs:

(1) Establishment of a comprehensive vocational rehabilitation center offering all services necessary to achieve maximum physical, social, personal, and vocational functioning of the disabled individual.

(2) Expanded rehabilitation counselor inservice training programs as to the role, development, availability, and use of workshops and rehabilitation facilities in Maryland.

(3) Establishment and expansion of teaching facilities to serve as a resource for the training of additional professional and supporting personnel in the areas of vocational evaluation, personal adjustment training, vocational training, workshop administration, production supervision, contract procurement, occupational therapy, physical therapy, speech therapy, and other allied health professions. The State rehabilitation agency will promote such establishment and expansion of teaching facilities through direct grants and cooperative training programs.

(4) The development of short-term in-State training institutes whose primary objective is provision of in-service training to existing personnel responsible for vocational evaluation, personal adjustment training, prevocational training, vocational training, and workshop administration.

(5) Centralization and coordination of the basic rehabilitation facility and workshop services in primary service areas so that they are available on a comprehensive and integrated basis. As the rehabilitation resources in the State have been examined, it is evident that many disciplines have identified urgent and pressing needs to achieve the goal of effective services for the disabled. At the same time, there appears to be a specificity in the development of services which seems

in opposition to the goal of a comprehensive array of rehabilitation services available in an organized and accessible pattern.

(6) Consistent with sparse population demands for such services in some rural areas of Maryland, these service areas must be supported by residential facilities.

(7) Capacity and depth of each service offering must be validated by local study of the service area.

(8) The establishment and expansion of adequate transportation resources is necessary for each primary service area. Specifically, this will require expanded use of Division of Vocational Rehabilitation case service money for transportation to such service programs, provision of additional vehicles to such centers under the provisions of Public Law 89-333, and consideration to the development of legislation which would provide State general funds for this purpose.

(9) Service and programmatic goals must be guided and evaluated by the standards as set forth by the National Policy and Performance Council.

(10) Emphasis will be placed upon the development of psychosocial services with specific attention to psychiatric evaluation, psychological evaluation, vocational evaluation, personal adjustment training, prevocational training, and vocational training.

(11) Development of rehabilitation facility and workshop training programs to a point where they offer training in occupational skills at a level required for entry in a specific occupation. Such training programs should be developed only after a sound base of evaluation and adjustment services have been established.

(12) Improvement and expansion of sheltered employment programs on a Statewide basis. These programs must be developed to a level where

each handicapped individual, who cannot vocationally enter competitive industry, has the opportunity to be employed in such a program. Development is necessary via staff, equipment, and effective industrial techniques to the point where they allow each sheltered employee to work at his maximum productive level and receive remuneration at that level. In support of such development, day care centers administered under the Department of Health must be expanded. There is a large number of handicapped individuals within sheltered workshops whose productivity is such that they would be more appropriately placed in a day care center.

(13) Local communities, county governments, and State government must increase their financial support to the establishment and expansion of workshop and facility services.

The Maryland State Plan concludes with a number of priority considerations upon which the Maryland Division of Vocational Rehabilitation will base its funding support.

In evaluating the results of this Maryland State Plan, the staff of the Governor's Study Group has the following observations:

(1) With respect to rehabilitation facilities, the staff concurs in the need for a comprehensive vocational rehabilitation center but would suggest that ample diagnostic and evaluative services be made available in other parts of the State (perhaps through utilization of workshop facilities) in order that residents of the State, particularly Western Maryland and the Eastern Shore, be provided with local services as an alternative to being required to travel to Baltimore for such services.

(2) With respect to the workshop findings, this staff, while expressing concurrence in such findings, nevertheless is concerned over the small size of many of the State's workshops which we feel has materially limited their usefulness as meaningful training and work experience environments. We believe that larger workshops are able to provide a greater variety of opportunities utilizing equipment and procedures which more closely represent those of competitive employment. This concept is consistent with the Department of Health, Education, and Welfare's goal of encouraging larger facilities along with more competent staff. In addition, the problems experienced by many small workshops, with respect to recent wage and hour Labor Department legislation, is having the effect of shifting the smaller workshops from focusing upon employment towards becoming activity centers.

(3) Public hearings held by the Governor's Study Group have noted that, oftentimes, workshops within the State have been developed along strict geographical county lines rather than upon area needs (and their due regard for transportation and/or industrial considerations).

(4) These public hearings have also focused on the need for serving multiple disabling conditions within the same workshop rather than for providing workshops which serve only a single handicapping condition.

32. *IT IS RECOMMENDED THAT, IN THE DEVELOPMENT OF THE PRIORITIES BY THE DIVISION OF VOCATIONAL REHABILITATION, CONSIDERATION BE GIVEN TO (1) INCREASING THE STATE'S FINANCIAL SUPPORT IN EXPANDING THE SMALLER WORKSHOPS TO BECOME MORE EFFECTIVE BUT RECOGNIZING THAT THE PRIVATE SECTOR HAS*

A ROLE IN ASSISTING IN THIS STRENGTHENING PROCESS (i.e., THROUGH PERHAPS A PRIVATE NONPROFIT STATEWIDE CORPORATION WHICH COULD PROVIDE ESSENTIAL DIRECTION AND LIAISON FOR THE GROWTH AND DEVELOPMENT OF A NETWORK OF SATELLITE WORKSHOPS); (2) PLANNING OF FACILITIES AND WORKSHOPS ON AN AREA BASIS; AND (3) ENCOURAGING MULTIPLE DISABILITY WORKSHOPS.

5. The Military Rejectee

The Military (Selective Service) Rejectee Program in Maryland has not been particularly successful from the point of view of either rehabilitations or employment. Eleven percent of 357 cases referred to the Division of Vocational Rehabilitation were closed as rehabilitated, 82% were closed for other reasons, and the remainder (7%) were still open cases when Vocational Rehabilitation's program terminated after two years of activity.[1] Referrals to the vocational rehabilitation counselor stationed at the induction center at Fort Holabird (Baltimore) dropped markedly during the last six months of the program to an average of 10.3 per month. Only rejectees with physical disabilities or psychiatric problems were referred to the Division of Vocational Rehabilitation by the Health Department. An equal number of those who failed the written Armed Forces Qualification Test were referred to a counselor from the Maryland State Employment Service (MSES).[2] Seventy percent of the rejectees referred to MSES were unemployed and about 25% of those referred

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[1]Report of Miss Martha Harrison, Division of Vocational Rehabilitation counselor stationed at the Baltimore induction center.

[2]Conversation with the MSES (Youth Opportunity Center) counselor, Jerry Collins, assigned to the induction center.

to the Division of Vocational Rehabilitation were unemployed.[1]

The vocational rehabilitation screening counselor listed as primary reasons for failure (1) delay in service by the follow-up counselor and (2) lack of motivation in the rejectee to be served. The Employment Service counselor agreed that the latter reason was valid and both counselors complained that lack of personnel prevented close follow-up of cases after initial contact was made.[2] Although, ostensibly, both agencies had the responsbility of working with the *under*employed, neither agency had any success in motivating rejectees to accept this service. In addition, neither agency was able to refer unemployed or underemployed to nonexistent training programs for the acquisition of manual skills. Lack of motivation accounted for most of the declination of vocational rehabilitation services, especially when the client felt that physical restoration or correction might have resulted in subsequent induction into the Armed Forces. Lack of communication between counselors and clients perpetuated this misconception of the purpose of rehabilitation.

In handling the mentally deficient rejectees, MSES personnel did only minimal counseling due to a lack of time and opportunity to follow-up; therefore, they functioned primarily in the area of placement for the unemployed. They determined, in the process, that many rejectees were functionally retarded and badly needed either more education or special training.[3] It is felt that, if the Division of Vocational Rehabilitation

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[1]See footnotes #1 and #2 on preceding page.

[2]*Ibid.*

[3]Conversation with the MSES (Youth Opportunity Center) counselor, Jerry Collins, assigned to the induction center.

had been given prime responsibility for screening and counseling *all* rejectees, a more constructive program could have been carried out. This would have involved more staff personnel and the necessity of giving more prompt counseling service, but would have resulted in much more than a token effort to raise the mental and physical levels of the selective service rejectees. The Division of Vocational Rehabilitation recognizes the rejectees' needs for immediate health services by the Health Department and the need for subsequent employment following physical and mental habilitation and training. Recognizing mental and functional retardation as valid disabilities, Vocational Rehabilitation should establish a plan of service for this disabled group identified by the selective service, as well as for those rejected for physical and emotional disabilities (including behavioral problems). Using the military screening procedures as a basis for initial identification of disabled young men, Vocational Rehabilitation can, through this program, fulfill part of its commitment to serve all of the eligible disabled in Maryland.

33. *IT IS RECOMMENDED THAT THE DIVISION OF VOCATIONAL REHABILITATION WORK WITH THE HEALTH DEPARTMENT AND THE MARYLAND STATE EMPLOYMENT SERVICE IN STRUCTURING FURTHER PROGRAMS OF COUNSELING AND REHABILITATION FOR SELECTIVE SERVICE AND OTHER MILITARY REJECTEES, PARTICULARLY THOSE WHO ARE UNEMPLOYED AND PURPORTEDLY UNEMPLOYABLE.*

6. Public Assistance

See Section D-3.

7. The Rural Disabled, Including Migratory Workers

a. Migratory workers in Maryland, which number about 5,000 per year, do not constitute a particularly large or serious rehabilitation problem.

Most of their immediate health needs have been met by the hospitals in each county. Their housing and transportation are regulated by standards set up through the Department of Labor.[1] In the case of chronic diseases, such as tuberculosis, interstate agreements cover the care of the patients and transportation arrangements to the home states.[2] Persons who are unable to work full-time as the result of a physical impairment are allowed to be employed at a rate of pay less than the minimum wage if the employer receives an exemption for them. This allows for employment of some disabled workers who could otherwise not be employed.[3] The Division of Vocational Rehabilitation has been able to help some migratory workers needing rehabilitation services if the worker declares that it is his intention to remain in the State. The Department of Social Services is working now to change their residency requirements so that needy individuals who have been in the State less than a year can receive benefits.

34. *IT IS RECOMMENDED THAT THE DIVISION OF VOCATIONAL REHABILITATION CONTINUE TO EXTEND ITS SERVICES, WHERE NEEDED, TO ANY MIGRATORY WORKER AND THAT ANY "INTENTION OF RESIDENCE" REQUIREMENTS BE REMOVED.*

b. Migrant workers, different altogether from migratory workers, constitute a much more problem group. These are individuals who come, unsponsored, to the State to pick up seasonal employment, and this group often is a distressed group who cannot pay for services. Along

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[1]C. F. Yaeger, Farm Program, Maryland State Employment Service.

[2]Edward Davens, M.D., Maryland Department of Health

[3]C. F. Yaeger

with the rural disabled, the migrant worker often needs rehabilitation services following a farm accident so that he can be re-tooled to work without the physical ability lost in the accident. Thus, rehabilitation of the rural worker must frequently include additional education, the acquisition of a new skill, and support of his family while he is being rehabilitated. Vocational rehabilitation counselors in Maryland have been notably successful in rehabilitating many rural workers, but have been greatly hampered in their efforts by not having enough staff to cover the rural counties adequately, nor having enough training and workshop facilities at their command in their own counties to prepare the rural workers for new jobs without having to transport them many miles to urban training facilities. Twenty percent of the population of Maryland resides in rural areas and, in many instances, these areas are depressed and substandard because of the lack of facilities that can serve the disabled and the seasonally unemployed to give them productive skills.[1]

35. *IT IS RECOMMENDED THAT THE DIVISION OF VOCATIONAL REHABILITATION COSPONSOR AND SUPPORT MOBILE OR PERMANENT REGIONAL DIAGNOSTIC AND TRAINING FACILITIES TO SERVE THE RURAL DISABLED IN THEIR OWN RURAL COMMUNITIES, UTILIZING HEALTH DEPARTMENT SERVICES AND, AT THE SAME TIME, ENCOURAGING THE ESTABLISHMENT OF EVALUATION AND WORKSHOP FACILITIES IN EACH AREA.*

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[1]Task Force Hearings: Central Maryland, Lower Eastern Shore, Suburban Baltimore, Upper Eastern Shore, Western Maryland.

8. Social Security and Vocational Rehabilitation

a. During Fiscal Year 1967, the Social Security Disability Determination Unit (SSDI), which is under the administrative aegis of the Division of Vocational Rehabilitation but which is Federally funded on a 100% basis through the Bureau of Disability Insurance of the Social Security Administration, processed approximately 10,700 applications for SSDI benefits. Of this number, 6,400 applicants were allowed benefits and 4,300 were denied.[1] The Disability Determination Unit also has a legal responsibility of referring SSDI applicants for further evaluation of rehabilitation potential to the Division of Vocational Rehabilitation. In Fiscal Year 1967, 1,050 SSDI applicants were so referred, and of this number 527 were SSDI allowed (8% of the totally allowed) and 523 were denied cases (12% of totally denied cases).[2]

Upon review, however, the criteria used for screening SSDI applicants for the Division of Vocational Rehabilitation, does not fully reflect the expanded definition of eligibility for vocational rehabilitation services as outlined in the 1965 Amendments to the Vocational Rehabilitation Act. The specific amendments referred to are: (a) extended evaluation for the assessment of severely disabled individuals even prior to their being accepted by the vocational rehabilitation agency; (b) behavioral disorders being included in the definition of mental and emotional disability; and (c) vocational handicaps resulting from cultural and/or social deprivation. Further, the 1967

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[1] State Agency Production Report for OASI Disability Program in Fiscal Year 1967.

[2] *Ibid.*

Amendments to the Social Security Act are not clearly defined in the present screening criteria used by the SSDI unit. These amendments have established new disability groups who are eligible for SSDI benefits, and they are (1) younger workers disabled prior to age 31 and (2) disabled widows, widowers, and surviving divorced wives.

36. *IT IS RECOMMENDED THAT THE CURRENT SCREENING CRITERIA USED BY THE SOCIAL SECURITY DISABILITY DETERMINATION UNIT BE UPDATED TO REFLECT THE 1965 AMENDMENTS TO THE VOCATIONAL REHABILITATION ACT AS WELL AS THE 1967 AMENDMENTS TO THE SOCIAL SECURITY ACT WHICH BROADEN THE BASE OF ELIGIBILITY FOR VOCATIONAL REHABILITATION SERVICES.*

b. The 1967 Amendments to the Social Security Act include provisions for Federal funding of a program of rehabilitating SSDI recipients in each state. Currently in Maryland, 680 SSDI recipients are being served. Two full-time Trust Fund counselors are serving approximately 400 recipients while other vocational rehabilitation counselors, on a part-time basis, are serving approximately 280.[1] One full-time Trust Fund counselor is assigned to the Metropolitan Baltimore area (Baltimore City and Baltimore County) and the other Trust Fund counselor is assigned to the Metropolitan Washington area (Prince Georges and Montgomery Counties). It is to be noted that, since this population is characterized as representing the severely disabled, a concentrated effort is required to effect their rehabilitation. Thus,

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[1]Material from Kenneth L. Kuester, Supervisor, Office of Field Operations, Division of Vocational Rehabilitation, State Department of Education.

sufficient counselors should be available to provide the necessarily extensive services to this population.

In planning for the expansion of this SSDI program, it will be necessary that full coordination be provided to assure that a maximum number of rehabilitations can be achieved from this population group.

37. *IT IS RECOMMENDED THAT THE DIVISION OF VOCATIONAL REHABILITATION FIELD SERVICES UNIT ASSUME THE RESPONSIBILITY, ON A STATEWIDE BASIS, FOR ASSURING MAXIMUM COORDINATION OF THE SOCIAL SECURITY TRUST FUND PROGRAM.*

38. *IT IS RECOMMENDED THAT THE DIVISION OF VOCATIONAL REHABILITATION COUNSELING STAFF BE EXPANDED TO INCLUDE AT LEAST FOUR MORE TRUST FUND COUNSELORS WHO WOULD WORK ON A FULL-TIME BASIS WITH THE ALLOWED TRUST FUND APPLICANTS.*

c. Many of the SSDI recipients have either marginal employment histories and/or are required to enter into different types of employment as a result of their disabling conditions. Thus, it is necessary that, in order for individuals in this population to successfully compete in remunerative employment, they will need work-tryouts and work-conditioning programs which workshop facilities can provide. At this time, however, the majority of workshops in the State do not have such programs which are fully operational.

39. *IT IS RECOMMENDED THAT THE WORKSHOPS IN THE STATE (BOTH THOSE WHICH EXIST NOW AND THOSE WHICH WILL BE INSTITUTED IN THE FUTURE), HAVE AVAILABLE A FULL ARRAY OF SERVICES (INCLUDING WORK-CONDITIONING AND WORK-TRYOUTS PROGRAMS) WHEREBY, THROUGH THE ASSESSMENT AND WORK ADJUSTMENT PROGRAMS,*

SOCIAL SECURITY DISABILITY INSURANCE BENEFICIARY CLIENTS WILL BE ABLE TO REALIZE THEIR MAXIMUM EMPLOYMENT POTENTIAL.

9. Disabled Youth

An Innovation Project for the Vocational Rehabilitation of Emotionally Disturbed Adolescents in Hagerstown began in October 1967 through the cooperative efforts of the Washington County Board of Education and the Division of Vocational Rehabilitation. Its purpose is to offer concentrated help to 60 emotionally disturbed adolescents (30 from each of the two schools in the program).[1] The project is being operated jointly by the Washington County Board of Education's Pupil Personnel Department and the Division of Vocational Rehabilitation.

The primary purpose of the program is to do all that is possible to keep the student in the school setting. The team (made up of a psychologist, a psychiatrist, a school guidance counselor, a pupil personnel worker, the vocational rehabilitation counselor, and a clerk) selects clients, establishes the best possible program for each individual client, and also makes determinations of student candidates for vocational rehabilitation services. The referral to the Division of Vocational Rehabilitation is made after the team has recommended that the student will not succeed in the formal school setting. The rehabilitation process of training and placement then begins and the continued program is the primary responsibility of the rehabilitation counselor. Through this approach, individuals, who have emotional disabilities and many times drop out of school, are assisted to become productive members of society. If the individual should decide, at a later date, to return to school, the program is flexible and he still remains a vocational rehabilitation client.

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[1] *Final Report*, Central Maryland Regional Task Force Committee, 1967.

40. *IT IS RECOMMENDED THAT, SINCE PREVENTIVE REHABILITATION RESULTS IN DEMONSTRATED ECONOMIC BENEFITS, THE DIVISION OF VOCATIONAL REHABILITATION AND THE VARIOUS PUBLIC SCHOOL SYSTEMS THROUGHOUT THE STATE EXPLORE THE ADVANTAGES TO BE REALIZED FROM THE ESTABLISHMENT OF REGULAR SCHOOL PROGRAMS FOR DISTURBED ADOLESCENTS BY EMULATING THE INNOVATION PROJECT FOR THE VOCATIONAL REHABILITATION OF EMOTIONALLY DISTURBED ADOLESCENTS IN HAGERSTOWN, MARYLAND.*

For other programs related to disabled youth, see the following sections: Hearing and Speech Impaired, Mentally Retarded, Socially and Culturally Disadvantaged, Juvenile Delinquents, Public Health, and Education.

10. Workmen's Compensation

a. The Workmen's Compensation Commission processed about 22,000 applications during calendar year 1967.[1] Of this number, 268 were referred to the Division of Vocational Rehabilitation by the one rehabilitation counselor who is employed by the Commission.[2] It has been the responsibility of the Workmen's Compensation Commission rehabilitation program staff to refer those cases, where vocational rehabilitation appears appropriate, to the Division of Vocational Rehabilitation within 60 days after the date of injury, or as soon thereafter as it is possible.[3]

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[1]Meeting with Daniel Doherty, Chairman, Workmen's Compensation Commission, February 8, 1968.

[2]Report from J. Leo Delaney, Assistant State Superintendent in Vocational Rehabilitation, State Department of Education.

[3]*Public School Law of Maryland, Maryland School Bulletin Volume XLI,* May 1965, Article 27, Section 295, "Cooperation of State Board of Education and Workmen's Compensation Commission," p. 171.

The number of referrals to the Division of Vocational Rehabilitation has remained rather constant during the past three years; i.e., since 1965. Another position for a rehabilitation counselor in the Workmen's Compensation Commission rehabilitation program has been vacant for a period of time and thus only one counselor has been available to screen the applicants, causing a backlog of referrals to the Division of Vocational Rehabilitation.[1]

41. *IT IS RECOMMENDED THAT THE DIVISION OF VOCATIONAL REHABILITATION ASSIGN A VOCATIONAL REHABILITATION COUNSELOR TO THE WORKMEN'S COMPENSATION COMMISSION TO ASSIST IN THE SCREENING, REFERRAL, AND COUNSELING PROCESS. (THIS APPROACH COULD IMPROVE THE DELIVERY OF SERVICES TO THE HANDICAPPED WORKER THROUGH EXPEDITING HIS INVOLVEMENT IN A REHABILITATION PROGRAM.) THIS INDIVIDUAL WOULD BE COMPENSATED WITHIN THE STATE DEPARTMENT OF EDUCATION SALARY STRUCTURE.*

b. For those individuals who require rehabilitation services (following an injury) an important factor is the individual's motivation to complete the total rehabilitation process. Frequently, rehabilitation plans for disabled workers are not possible because of the reluctance of the impaired worker to take any steps toward rehabilitation which he feels might reduce his compensation award.

42. *IT IS RECOMMENDED THAT WEEKLY INCENTIVE MAINTENANCE BENEFITS BE AWARDED TO INDUSTRIALLY INJURED VOCATIONALLY HANDICAPPED WORKERS WHICH WOULD BEGIN ON THE DATE OF THE WORKERS' ENTRANCE INTO A FULL-TIME ACTIVE*

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[1]See footnote #1 on preceding page.

PROGRAM OF REHABILITATION EVALUATION, WORK ADJUSTMENT, AND/OR VOCATIONAL TRAINING AS DETERMINED BY THE VOCATIONAL REHABILITATION AGENCY AND WOULD TERMINATE AT THE CONCLUSION OF SAID PROGRAM OF PREPARATION FOR EMPLOYMENT.[1]

11. Voluntary Organizations

See section D-6.

12. Homebound Programs

There is no Statewide program for the homebound in Maryland. Individual counselors have selected and developed homebound programs for some clients in some instances, and Baltimore City, at one time, had on its staff a person who designed crafts suitable for homebound production and planned for transportation and marketing of the goods. Counselors generally feel that too many needs must be met before a homebound program can succeed because there must be a working skill, some business sense, a designer, outlets for finished goods, and transportation, especially in rural areas, for materials and goods. It has been expressed by some of the Division of Vocational Rehabilitation staff that homebound programs are too expensive and too many have failed because of the obstacles presented.[2] In

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[1]Subsequent to the preparation of this material, House Bill 979 was passed (and signed by the Governor) which, among other matters, provides for maintenance payment up to $40 a week for an individual undergoing vocational rehabilitation training "in the course of which he is required to live at a location other than his home." The employer and insurer pay the total costs of the weekly incentive maintenance payment. Although this Bill covers partially the above recommendations, the provisions do not stipulate that maintenance benefits be provided to individuals who are engaged in training programs *while remaining at home* or in rehabilitation evaluation or work adjustment programs. Thus, Bill 979 is more restricted than that of the Study Group recommendation which would apply to all such rehabilitation training, at home or away from home.

[2]Interviews with vocational rehabilitation supervisors in the Baltimore office of the Division of Vocational Rehabilitation.

serving the severely disabled, however, the homebound program must not be overlooked as a useful program.[1] It is indicated that an organization must be built in each area of the State that would take the responsibility for overcoming the mechanical difficulties of the program and achieve a flow of production for the severely disabled who cannot utilize the out-of-home workshop facilities in the area. The funds spent on setting up the required staff for each area would not be appreciably more than the funds necessary to transport, domicile, and train the severely disabled in a comprehensive center which may or may not lead to employment.

43. *IT IS RECOMMENDED THAT AN ENTIRE CONCEPT OF HOME-BOUND PROGRAMS BE DEVELOPED AT THE STATE LEVEL IN ORDER TO SET UP AN ORGANIZED PROGRAM TO SERVE THE SEVERELY DISABLED WHO ARE NOT NOW BEING SERVED AND WHO COULD PROFIT FROM SUCH A PROGRAM.*

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[1]Task Force Hearing: Baltimore City.

NOTE: *A multi-faceted approach to comprehensive planning for vocational rehabilitation may well result in fragmentation and overduplication of delivery of services in spite of the coordinated efforts of the various State agencies concerned. There is strong evidence to support the theory that categorical organizational arrangements oftentimes tend to inhibit rather than advance problem solving.*

For example, while vocational rehabilitation is a noncategorical discipline (because of its varying components), traditional health programs oftentimes cannot effectively meet the community's needs on a categorical basis. An active program of interagency cooperation and exchange should function at a supra-agency level, planning and coordinating the delivery of health and health-related programs which are responsive to community needs. (See section F-3 and H)

D. Interagency Coordination of Service Programs

1. State Employment Service

a. The agreement between the Division of Vocational Rehabilitation and the Maryland State Employment Service (MSES), which was recently updated (1966), basically complies with the most recently published Department of Health, Education, and Welfare (Social Rehabilitation Services) Guidelines issued in November 1967. There are some important omissions which will require revision of the cooperative agreement or amendment to the agreement; e.g., no reference is made to the Manpower Development and Training Act (MDTA) or to the Vocational Rehabilitation Act, as amended. There are other omissions, such as there is no definition of "physical or mental disability" or reference to "behavioral disorders" and their etiology, no outline of services

provided on an extended basis by the Division of Vocational Rehabilitation, no section on "Coordination of Roles," and no reference to other Employment Service and Manpower Programs or provision for development of amendments to the agreement.

44. *IT IS RECOMMENDED THAT, NO LATER THAN JUNE 1969, THE COOPERATIVE AGREEMENT BETWEEN THE MARYLAND STATE EMPLOYMENT SERVICE AND THE DIVISION OF VOCATIONAL REHABILITATION BE REWRITTEN TO INCLUDE THE PROGRAMS WHICH HAVE RESULTED FROM RECENT FEDERAL LEGISLATION (VOCATIONAL REHABILITATION AMENDMENTS OF 1965 AND THE MANPOWER DEVELOPMENT TRAINING ACT) GOVERNING THESE TWO AGENCIES.*

The agreement should outline clearly established procedures for the flow of referrals from the Division of Vocational Rehabilitation to the Manpower Development Training Act programs and other training programs of the Employment Service.

As both agencies move further into the realm of social rehabilitation and special placement service, the agreement should reflect the shift in emphasis in identifying disabilities and promptly serving the disabled. Increased referral activity must be accompanied by a corresponding increase in efficient disposition of referred cases in each agency. It is incumbent upon both agencies to remove obstacles to rapid processing of referrals and new methods of intake, distribution of cases and reporting should be described in detail in an outline of procedures supplemental to the agreement and updated annually. All Vocational Rehabilitation and Maryland State Employment

Service personnel should be periodically reminded, by supervising staff or in-service training, of their commitment to utilize, by cross-referral procedures, each agency to its maximum potential with a minimum of delay. (This is particularly necessary where evaluation and training programs are involved.)

2. MDTA Program (Manpower Development and Training Act)

With reference to the agreement between the Maryland State Employment Service (MSES) and the Division of Vocational Rehabilitation regarding the MDTA in Maryland, some work has been done on developing a type of supplemental agreement. More specifically, the supplemental agreement would cover an Experimental and Demonstration Grant for MDTA funding of allowances to the Division of Vocational Rehabilitation clients who cannot now receive maintenance money, or to Public Welfare clients of the Division of Vocational Rehabilitation who do not now qualify for regular MDTA allowances.[1]

At present, a very small number of Vocational Rehabilitation clients (e.g., one in Baltimore City to a high number of 28 in Western Maryland, for a total of 49) have utilized the MDTA program.[2] Vocational Rehabilitation counselors have indicated that setting up of classes has been on an uncertain basis and done with little or no prior notice and many Division of Vocational Rehabilitation clients cannot afford the uncertainty and inflexibility of MDTA pro-

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[1]Headquarters Staff of the Division of Vocational Rehabilitation.

[2]Memorandum from the Division of Vocational Rehabilitation Director of Field Services.

grams and maintenance.[1] With a more clearly defined statement of mutual obligation to serve the handicapped through Employment Service Programs such as MDTA, an improvement in MDTA scheduling and contacts, and a commitment on the part of the Division of Vocational Rehabilitation personnel to utilize these services to the maximum extent possible, a stimulation of referrals should result.[2]

3. Public Welfare

a. The most recent State agreement between the Division of Vocational Rehabilitation and the Department of Public Welfare[3] was signed in December, 1963 and, in a very general fashion, covers only policy. Referral procedures, forms, etc. have been developed outside of the agreement within the past two years. The existing agreement does not adequately reflect the present total commitment of both agencies to serve disabled dependent persons from point of identification through successful job and community adjustment. In other words, the agreement does not establish priorities for service, nor does it refer to specific ways and means of identification, evaluation, or other special client-oriented services needed to augment and up-date the present (and traditional) practices of both agencies.

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[1]Administration staff of MDTA and the Division of Vocational Rehabilitation Director of Field Services.

[2]Task Force Hearings: Baltimore, Lower Eastern Shore, Central Maryland.

[3]The name of this agency was changed to the Department of Social Services, effective July 1, 1968.

45. *IT IS RECOMMENDED THAT A NEW UPDATED FORMAL AGREEMENT BE DEVELOPED AND EXECUTED BY THE DIVISION OF VOCATIONAL REHABILITATION AND THE DEPARTMENT OF SOCIAL SERVICES AS SOON AS POSSIBLE, TO DELINEATE AND DEFINE THE RESPONSIBILITIES OF EACH AGENCY IN SERVING EACH ELIGIBLE WELFARE CLIENT, ACCORDING TO ESTABLISHED AND AGREED-UPON PRIORITIES.*

Emphasis should be placed on the development of selection criteria and systematic methods of identification of welfare recipients needing vocational rehabilitation services, providing a continuum of services and assistance for mutual clients, and on providing prompt, sufficient, and appropriate vocational rehabilitation and social services for disabled dependent persons and their families according to their needs and potentials.

Development of suitable and necessary procedural techniques, eliminating *duplication* of forms, examination, etc., should be a separate but integral part of the general agreement, subject to periodic changes reflecting improved methods. Procedures should be outlined for joint case review, cooperative planning, free exchange of all information regarding clients (including progress reports) and utilization of all legal and financial resources of both agencies.

b. The need for vocational and social rehabilitation of the disabled poor is increasingly evident as an identifiable group of "hard core" unemployed emerge and constitute the most persistently problematic element of unemployment. A sizable portion of this group receives public assistance. Those in the lower income groups are much more

liable to have *multiple* handicaps since disability is closely associated with poverty. Thus, a pattern of need is emerging, revealing that approximately 30% of all applicants for welfare are disabled.[1] To serve the disabled dependent person often requires treatment of more than one disability, and provision of simple prosthesis is not usually sufficient to meet the client's needs. Priority for service should, if possible, be given to the new welfare applicant for Aid to Families with Dependent Children (AFDC) (and family members) or for General Public Assistance (GPA). Early referral and careful evaluation can result in effective rehabilitation which appreciably reduces the cost of maintenance of welfare recipients.[2] (In the GPA group, this is an important consideration for the State since State funds are utilized.)

46. *IT IS RECOMMENDED THAT VOCATIONAL REHABILITATION COUNSELORS WHO WORK WITH WELFARE RECIPIENTS BE PART OF THE TEAM WHICH INITIALLY SCREENS THESE APPLICANTS. SUCH IDENTIFICATION OF WELFARE RECIPIENTS WHO MAY BE ELIGIBLE FOR VOCATIONAL REHABILITATION SERVICES SHOULD BE MADE EARLY AND QUICKLY, SUBJECT TO CONFIRMATION BY SUBSEQUENT MEDICAL EXAMINATION, TEST RESULTS, AND EVALUATIVE PROCEDURES.*

A concept of *total* services to the client should determine the rehabilitation plan and include, if necessary, long-range job training after employment potential has been determined. Every evaluative,

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[1] RD-119 project report from California as reported in *Research Brief, Division of Research and Demonstration Grants*, Social and Rehabilitation Services, Department of Health, Education and Welfare, Volume 1, No. 6, 1967.

[2] *Ibid.*

prevocational, and vocational training facility available should be utilized, including sheltered workshops, labor programs of the State, on-the-job training and other community work situations. Remedial education, if indicated, should be part of the prevocational training program.

c. Vocational rehabilitation counselors traditionally have not viewed public assistance recipients as fruitful sources of successful case closures. Part of this attitude results from receiving referrals from the Department of Social Services too long after public assistance has become a way of life for the recipient, which has stifled client motivation.[1]

d. In screening applicants for the new Work Incentive Program (WIN), to be administered by the Department of Employment Security specifically for heads of AFDC families and 16 to 21-year-old youths who are out of school, it will be determined that many will have disabilities which will prevent them from taking immediate part in the WIN program. These individuals could well be rendered employable through Vocational Rehabilitation. Of the total number of 29,000 AFDC families in Maryland, it is estimated that only 1,000 of them will be aided by the WIN program in Fiscal Year 1969. It therefore, is necessary for the Health Department and the Division of Vocational Rehabilitation, working closely with the Department of Employment Security and the Department of Social Services, to

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[1]Conversations with the Division of Vocational Rehabilitation counselors who work with the Department of Social Services in Baltimore. Also, Task Force Hearings: Baltimore, Central Maryland and Suburban Baltimore, Southern Maryland (Anne Arundel County).

jointly work with disabled fathers and mothers of AFDC families who are *not* to be helped by the WIN program. A target group of 1,000 to 2,500 disabled fathers will be worked with initially, using all resources available to serve them promptly, efficiently, and with a minimum of obstacles to prompt service.[1]

47. *IT IS RECOMMENDED THAT CONSIDERATION BE GIVEN TO THE ESTABLISHMENT OF PROGRAMS SIMILAR TO THE PILOT PROGRAM COOPERATIVELY UNDERTAKEN IN 1968 BY THE DEPARTMENT OF SOCIAL SERVICES, THE DEPARTMENT OF HEALTH AND THE DIVISION OF VOCATIONAL REHABILITATION IN SERVING A TARGET GROUP OF 1,000 TO 2,500 DISABLED MALE RECIPIENTS OF AID TO FAMILIES WITH DEPENDENT CHILDREN, THUS UTILIZING THE SERVICES OF THE THREE AGENCIES TO THEIR FULLEST EXTENT.*

Division of Vocational Rehabilitation services will include examinations, vocational counseling, training (on-the-job or in-class), placement and follow-up after placement. As part of special cooperative programs with public welfare, all welfare recipients selected by screening procedures as eligible vocational rehabilitation clients should be automatically accepted by the Division of Vocational Rehabilitation.

e. Within the Work Incentive program, the Division of Vocational Rehabilitation should be part of the evaluating team that will determine the destiny of the welfare client. Since counseling will play a vital role in the WIN program, and since Vocational Rehabil-

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[1]Statewide Conference on AFDC applicants and WIN program, Baltimore, Maryland, March 1968.

itation has the professional expertise to do vocational counseling, the Vocational Rehabilitation agency should be involved in all stages of the WIN program (including the development of an employability plan for each enrollee and referral to institutional training or to work experience training).[1] At present, this is not envisioned as part of the plan for the operation of the WIN program in Maryland. In addition to the Division of Vocational Rehabilitation's commitment to the disabled recipients of AFDC funds, Vocational Rehabilitation should take an active part in preparing enrollees in the Work Incentive Program for employment. This participation should begin at the inception of the Work Incentive Program in Maryland, or as soon thereafter as possible.

Reference to the responsibilities of the Division of Vocational Rehabilitation with regard to the Work Incentive Program, and to other special programs involving the Department of Social Services, should be included in the formal agreement between the two agencies.

4. Education

a. The 12 agreements now in effect (in 11 counties and Baltimore City) constitute good, but general, working arrangements between the Division of Vocational Rehabilitation and the various Boards of Education insofar as the agreements are understood and implemented by both parties. There are areas of weakness in implementation in some of the programs, probably as a result of lack of understanding by school personnel of what the Division of Vocational Rehabilitation

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[1] *Rehabilitation Interagency Focus*, Bulletin No. 12, March 1968.

is attempting to do for the student-client. In some schools, there is limited sharing of student records. There are misunderstandings regarding respective responsibilities of each party to the agreements (e.g., housing of vocational rehabilitation unit, medical and psychiatric examinations, purchase or rental of equipment, determination of eligibility, placement services, transportation) which can be eliminated in several ways.

The proposals for each county, written prior to the signing of the agreements, clearly set forth the purpose and manner of implementation of the programs, with estimated budgets. In some instances, however, the proposals have not been accepted *in toto* by the School Boards.

48. *IT IS RECOMMENDED THAT PROPOSALS FOR COOPERATIVE AGREEMENTS BETWEEN THE DIVISION OF VOCATIONAL REHABILITATION AND COUNTY BOARDS OF EDUCATION BE MADE AN INTEGRAL PART OF THE AGREEMENTS THEMSELVES SO AS TO INSURE UNDERSTANDING AND ACCEPTANCE BY BOTH PARTIES. IN ADDITION, MORE FREQUENT TEAM CONFERENCES SHOULD BE SCHEDULED TO MINIMIZE AREAS OF MISUNDERSTANDING AND TO CLARIFY RESPECTIVE PARTICIPANT RESPONSIBILITIES.*

b. It is evident that the programs should be extended to the junior high school students in each county (as provided for in the proposals). Personnel working in the programs agree that prevocational training is of utmost importance to the disabled student in helping him establish useful work habits and attitudes.[1] At present, there

[1]Conversations with Supervisors of Educational-DVR Units and with the Board of Education of Montgomery County. Also Task Force Hearings: Baltimore City, Central Maryland, Southern Maryland, Suburban Baltimore.

is not sufficient staff to enlarge the programs to include 7th, 8th and 9th grade students.[1] Specific mention of extension of services to junior high school students should be made in each Education-Vocational Rehabilitation Cooperative Agreement so that a foundation is established upon which to base a prevocational program in each county. Contemplated enlargement of the Division of Vocational Rehabilitation staff should make provision for the establishment of new units and extension of services to 7th, 8th, and 9th grade students.

49. *IT IS RECOMMENDED THAT EDUCATION-VOCATIONAL REHABILITATION AGREEMENTS BE ENTERED INTO WITH THE TWELVE COUNTIES NOT HAVING SUCH AGREEMENTS AS SOON AS POSSIBLE, INCORPORATING THE TERMS OF THE PROPOSALS AND EXPANDED SERVICES TO JUNIOR HIGH SCHOOL STUDENTS.*

c. Since there is a shortage of evaluative services in many counties, it is incumbent upon the schools and the Division of Vocational Rehabilitation to seek new ways to properly test and evaluate students. At present, the shortage of workshops and psychologists results in many frustrating delays in putting individual student-client plans into operation.

50. *IT IS RECOMMENDED THAT WHERE NO VOCATIONAL EVALUATION SERVICES FOR DISABLED STUDENTS EXIST, OR ARE IN EVERY SHORT SUPPLY, CONSIDERATION BE GIVEN TO THE ESTABLISHMENT OF MOBILE EVALUATIVE UNITS TO BE USED*

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[1]Supervisors of Education-Vocational Rehabilitation Units

BY THE EDUCATION-VOCATIONAL REHABILITATION UNITS.

51. *IT IS FURTHER RECOMMENDED THAT FULL USE, (AFTER SCHOOL HOURS) BE MADE OF ALL VOCATIONAL EDUCATION SHOPS AND FACILITIES BY THE EDUCATION-VOCATIONAL REHABILITATION UNITS FOR TRAINING AND EVALUATION.*

d. There is, apparently, a great variation between counties in the quantity and quality of special education services available to retarded, disturbed, or physically disabled students. (This is a problem to be solved by the individual county school systems.) According to the terms of the proposals, Vocational Rehabilitation can and should serve students identified as needing its services although not in a special education program. All school staff should be alerted to this possibility. Although referrals to the Division of Vocational Rehabilitation are normally made by joint decisions of school personnel, psychologists, and work coordinators, Vocational Rehabilitation should be alert to the needs of *all* disabled students identified by its own and other screening procedures.

The eligibility requirements for vocational rehabilitation service listed in the agreements are somewhat restrictive in requiring presence of a mental or physical impairment, *and* the existence of a substantial handicap to employment, *and* reasonable expectation of gainful employment following Vocational Rehabilitation service. In view of the alarmingly high incidence of cultural deprivation in Baltimore among junior high and senior high students resulting in dropout, and the substantial number of emotionally disturbed ado-

lescents who are functionally retarded and who drop out of school early, it seems advisable to include emotional disturbance and severe deprivation as impairments making students eligible for Vocational Rehabilitation services. These disabilities definitely constitute substantial handicaps to employment.

Several studies have indicated that emotionally disturbed students with average to above average IQs should be served by special programs geared for their special needs rather than be grouped with the mentally retarded. Both groups can be served by work experience programs to develop the full potential of the special students and allow them to be assimilated in the working world at their own pace and level of development.[1] The goal, of course, is to keep the emotionally disturbed in school if at all possible, and return disabled former students to school after they have been helped through professional assistance.[2] An experimental project in Maryland, working with elementary school children, indicates that emotionally disturbed students can successfully achieve an adjustment to their school situation if they remain in the normal (but controlled) classroom environment.[3] A companion study

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[1] A Cooperative Program of Special Education-Vocational Rehabilitation, "Bridging the Gap Between School and Employment". The Oklahoma Vocational Rehabilitation Service, 1964.

[2] Innovation Project for the Vocational Rehabilitation of Emotionally Disturbed Adolescents, Hagerstown, Maryland, described in *Washington County Education News*, January, 1968.

[3] *Educational Programming in Simulated Environments for Seriously Emotionally Handicapped Elementary School Children*, September 1967, HEW Grant No. 32-30-0000-1028, Project No. 5-0396.

will be completed by 1969 working with junior high students, using the same simulated environment methodology in the normal classroom situation. It is apparent that the emotionally disturbed adolescent, whose needs are very different from those of the mentally retarded, should be identified and served by the schools and by the Education-Vocational Rehabilitation cooperative units.

52. *IT IS RECOMMENDED THAT AS PART OF THE ELIGIBILITY REQUIREMENTS FOR VOCATIONAL REHABILITATION SERVICES, THE EMOTIONALLY IMPAIRED AND INTELLECTUALLY IMPAIRED (REGARDLESS OF ETIOLOGY OF THE IMPAIRMENT) BE LISTED IN THE EDUCATION-VOCATIONAL REHABILITATION AGREEMENTS.*

e. The dropout rate in Maryland now indicates that approximately 25% of all students who enter high school drop out before graduation. This figure does not reflect those who drop out of school between the 8th and 9th grades (which, in another state, was at a rate of 28%). The greatest number of dropouts continues to be at age 16 (34%) with a total of 70.9% of all dropouts 16 and over.[1]

The dropout rate *per annum* ranges from a high of 10.4% in Baltimore, to a low of 1.8% in Montgomery County, with a median percentage of 4%.

"Lack of interest" (43.2%) or "lack of scholastic success" (13.6%) are reasons most frequently given by dropouts. It is felt

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[1]*The Maryland Commission for Children and Youth Report on the Out-of-School Unemployed Youth, 1963* (Baltimore: The Commission, 1963).

by educators that there is an interrelationship of physical and mental health problems and a direct connection of these problems with these two reasons given--especially in the low socio-economic areas.[1]

53. *IT IS RECOMMENDED THAT THE DIVISION OF VOCATIONAL REHABILITATION EXAMINE (e.g., THROUGH DEMONSTRATION PROJECTS) HOW IT CAN TREAT THE POTENTIAL DROPOUT AND THE DROPOUT, AND DETERMINE IF ITS PLAN FOR SERVICE IS RELATED TO THE PROBLEMS THE DROPOUT HAS IN THE AREA OF EDUCATION AND FUTURE EMPLOYMENT. (VOCATIONAL REHABILITATION MUST ALSO DETERMINE IF IT IS GIVING SERVICE NOT ONLY TO THOSE WHO SEEK IT, BUT IF IT IS ALSO REACHING OUT TO POTENTIAL DROPOUTS TO GIVE PREVENTIVE HABILITATION.)*

f. Some questions that the Division of Vocational Rehabilitation could answer in working with potential school dropouts are: (1) what emotional and psychological factors contribute or are related to dropping out and subsequent unemployment; (2) what specific health conditions play a role in the dropout problem; and (3) what effect earlier diagnosis and treatment of these health conditions can have on potential dropouts. Earlier identification of the problems of students has been urged and stressed by all educators and persons concerned with youth.[2] The rehabilitation services of counseling, diagnostic procedures, treatment, physical restoration, training,

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[1] *Ibid.*

[2] *Ibid.* Also, Task Force Hearings: Central Maryland, Lower Eastern Shore, and Southern Maryland.

placement, and follow-up should be brought to students early in their lives. Age sixteen is usually too late to materially affect the potential dropout.

g. The Division of Vocational Rehabilitation can be a strong, positive force in preventing the potential dropout from becoming the actual dropout. The Education-Vocational Rehabilitation Unit is also in a position to extend services to pupils who have left school before graduation, and to students who have completed school but have not been able to secure employment as the result of their disabilities.

5. Public Health

a. The State Department of Health, through the county health clinics, extends a variety of services to the ill and indigent ill. This agency maintains the Crippled Children's Program which annually serves 16,000 persons under 21, in the 23 counties, for a very wide variety of defects and impairments.[1] In connection with this activity, vocational rehabilitation counselors in each county contact the county clinic when it is held and determir --- where referral to the Vocational Rehabilitation agency is indicated. About 10% of those served by the clinics are between 15 and 17 years of age (1,687 in Fiscal Year 1967),[2] a portion of whom would be eligible for vocational rehabilitation services.

In Baltimore City, the Division for the Handicapped of the City Health Department is responsible for the same program. Multi-handicapped children are referred to diagnostic and evaluation centers at University Hospital and Johns Hopkins Hospital on a purchased-service basis. Where orthopedically handicapped children are referred to orthopedic clinics, services are purchased by the city or by the State's Crippled Children's Services. A total of 25,000 children have been registered by the Division for the Handicapped since 1956, 1,700 of which were new registrations in 1966.[3]

Vocational Rehabilitation counselors are assigned part-time to

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[1] Maryland State Department of Health statistical breakdown for 1967.

[2] *Ibid.*

[3] Report of City of Baltimore, Department of Health, 1966.

four of the City's hospitals (University, Johns Hopkins, Sinai and Baltimore City) where they acquire referrals. In addition, the Baltimore office of Vocational Rehabilitation maintains a contact with the six City Health Department clinics on an itinerant basis (once a month) and the clinic nurses make some direct referrals to the Division of Vocational Rehabilitation. Other sources of referrals to the Vocational Rehabilitation agency of handicapped up to age 21 are the school nurses, the public health visiting nurses, and the City Division for the Handicapped administration. Under the Medical Assistance Program, (Title XIX of 1965 Social Security Amendments), referrals for those over age 21 are made to the Division of Vocational Rehabilitation by the hospitals who maintain clinics for eligible patients.[1] (In 1966, the number of medically indigent registered at clinics totalled 80,000.) The number of persons on the new Medical Assistance Program, by December 1966, was approximately 140,000.[2]

Public health services are extended to many who do not need the services of the Division of Vocational Rehabilitation since their illnesses are not chronic, and many children and adults served are not eligible for vocational rehabilitation services since no vocational plan is feasible or necessary. Notwithstanding, the referrals, case load and acceptance figures for the Division of

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[1]Under Title XIX the Medically indigent program is extended to individuals in the counties and Baltimore City who have enough income for minimal subsistence but are unable to pay for medical expenses. The Department of Public Welfare determines eligibility of all individuals. Program includes: Physician's care, hospital out-patient care, hospital care, nursing home care, dental services, medical supplies and special services at Health Department Clinics.

[2]*Report of City of Baltimore, Department of Health, 1966.*

Vocational Rehabilitation, with reference to the groups served by the Public Health Departments, are quite low. It can be presumed that this is a direct result of the Division of Vocational Rehabilitation staff shortages which preclude constant attendance by vocational rehabilitation staff at clinics. The school Rehabilitation Units are now picking up some referrals that would otherwise be lost.

In Fiscal Year 1967, 10 referrals to the Division of Vocational Rehabilitation were made by the Crippled Children's Services and 439 referrals were made by other public health clinics, nurses, etc. Seven of the Crippled Children's Services referrals were accepted; two rehabilitated. Of the Public Health referrals, 214 were accepted; 90 rehabilitated. A total of 859 referrals from these two sources were carried on the case load in 1967, (including hold-overs), of which 532 were accepted in Fiscal Year 1967.[1]

54. *IT IS RECOMMENDED THAT THE DIVISION OF VOCATIONAL REHABILITATION WORK MORE CLOSELY WITH THE HEALTH DEPARTMENT CLINICS IN ORDER TO IDENTIFY PATIENTS NEEDING REHABILITATION SERVICES FROM THE GROUPS ELIGIBLE FOR MEDICAL ASSISTANCE (PARTICULARLY, THE MEDICALLY INDIGENT AND UNEMPLOYED YOUTH).*

6. Voluntary Agencies

a. The existing agreements of a formal nature between the Division of Vocational Rehabilitation and voluntary health agencies are primarily

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[1] *Division of Vocational Rehabilitation Statistical Report for Fiscal Year 1967.*

workshop agreements governing the use of the evaluation, personal adjustment training, and vocational training of the agencies which are purchased services of the Division of Vocational Rehabilitation. They are of a standard format and are made between individual vocational rehabilitation offices and individual agencies or facilities. At present, there are no *Statewide* agreements covering a working relationship between the Division of Vocational Rehabilitation and the organizations involved, and there are many private agencies with whom the Division of Vocational Rehabilitation has no stated working relationship at all. There are no agreements delineating the respective roles that the Division of Vocational Rehabilitation and the individual agencies fill in serving the disabled client. There are no agreements that outline the basis for referrals to the Division of Vocational Rehabilitation by each agency with respect to their clients.

55. *IT IS RECOMMENDED THAT, WHERE VOLUNTARY AGENCIES FURNISH WORKSHOP, THERAPY, OR OTHER EVALUATIVE SERVICES TO THE DIVISION OF VOCATIONAL REHABILITATION, A STATEWIDE NETWORK OF AGREEMENTS WITH ALL SUCH AGENCIES BE DEVELOPED AND IMPLEMENTED. IN THESE AGREEMENTS, THE RESPECTIVE DUTIES, ACTIVITIES, REFERRAL PROCEDURES, AND RANGE OF SERVICES OFFERED SHOULD BE OUTLINED BY EACH PARTY TO THE AGREEMENT.*

Where there are operational activities engaged in by the voluntary agency but not constituting services used by the vocational rehabilitation agency, the agreements between such agencies and the

Division of Vocational Rehabilitation should be used to furnish information to each agency regarding the full extent of the services offered by the Division of Vocational Rehabilitation and to define the services rendered by the voluntary agencies in order to avoid duplication of time, money, and effort in supplying such services to clients. The Division of Vocational Rehabilitation referral procedures should be set forth in agreement form so that voluntary agencies are fully aware of them.

b. Much of the work of voluntary agencies is strictly in the realm of research, dissemination of information, and treatment funding and very few, if any, referrals to the Division of Vocational Rehabilitation are made by them. The reasons given by the agencies for lack of referrals to the Division of Vocational Rehabilitation are usually "lack of knowledge of Vocational Rehabilitation services" and "strict Vocational Rehabilitation eligibility requirements."[1]

Agreements of an informational nature regarding the full extent of vocational rehabilitation services could form the basis for a close working relationship between the offices of the Division of Vocational Rehabilitation and voluntary agencies in their respective locations. The agreements should have Statewide approval and understanding, and provide for free exchange of information and periodic updating of information regarding vocational rehabilitation services and criteria for eligibility as part of the Division of Vocational Rehabilitation's ongoing commitment to serve all of the eli-

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[1]"A Status Report on Services and Facilities for Vocational Rehabilitation in Maryland", Governor's Study Group on Vocational Rehabilitation (Baltimore: 1967).

gible disabled in the State.

c. A voluntary agency which works closely with the Division of Vocational Rehabilitation, but with which Vocational Rehabilitation has no formal agreement, is the Baltimore Chapter of the Heart Association of Maryland. A number of good referrals are generated by the excellent cooperative working relationship between the two agencies, with a rehabilitation counselor serving as a full-time contact at the Cardiac Work Evaluation Unit. (There is no other cardiac evaluation unit in the State, however.) Through the Unit in Baltimore, industrial physicians and other physicians are becoming aware of the services of the Division of Vocational Rehabilitation, so the relationship serves a triple purpose: (1) as a referral source for Vocational Rehabilitation, (2) as an evaluation service for rehabilitation clients, and (3) as a source of increased knowledge of the Division of Vocational Rehabilitation by physicians.

The Division of Vocational Rehabilitation should, with a plan oc cooperation, maintain a strong working relationship, with the Heart Association in each area of the State, and with a hospital in each area, in order to establish the needed cardiac evaluation units and to define the services available for vocational counseling after treatment and evaluation of cardiac patients. A close team effort of total rehabilitation of the cardiac victim would strengthen the work of the Heart Association and Vocational Rehabilitation in each community.

7. Juvenile Delinquents

a. There are over 1,200 individuals who are currently under court commitment in the public institutions administered by the State Department of Juvenile Services.[1] During the calendar year 1967, 5,725 adolescents (age range from seven and one-half to 18 with the majority [80%] between 14 and 18 years of age), were admitted to these institutions. This number included 3,889 who were detained and 1,836 who were committed. Further, 5,641 individuals were court released and this figure includes 2,463 from all of the training schools, 267 from forestry camps and 2,911 from the two detention centers in the State.[2] Since recent Federal legislation (Vocational Rehabilitation Amendments of 1965) has included behavioral disorders within the definition of mental and emotional disabilities, a significant proportion of this population are and/or will be eligible for vocational rehabilitation services.[3] Voca-

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[1] Average daily population for all State training schools, forestry camps, and Maryland's Detention Centers for calendar year 1967, was 1,259 as reported in the *1967 Cumulative Report*, Department of Juvenile Services, page 12.

[2] *Ibid.*

[3] In a study "Rehabilitation of the Young Offenders", Oklahoma Vocational Rehabilitation Services and Oklahoma State Reformatory, April 1967 (R&D Grant 949) it was reported that 60% of the institutionalized population referred to the State Division of Vocational Rehabilitation were eligible for services.

tional Rehabilitation has cooperative agreements with the majority of the key public rehabilitation-related agencies (e.g., Welfare, Education, Employment Security, Correction) and it is imperative that such a working relationship be established with the Department of Juvenile Services.

56. *IT IS RECOMMENDED THAT THE DIVISION OF VOCATIONAL REHABILITATION AND THE STATE DEPARTMENT OF JUVENILE SERVICES ENTER INTO A COOPERATIVE AGREEMENT AS SOON AS POSSIBLE.*

b. The Department provides staff and overhead expenses related to juvenile probation and after-care services for boys and girls referred to the 24 juvenile courts of the State. The Juvenile Services staff members, which number approximately 220 probation supervisors and workers, provide counseling, conduct intake screening of juveniles and predisposition investigations, prepare reports and recommendations for use by judges, and provide after-care supervision of boys and girls released from the correctional institutions.[1] During the calendar year 1966, the juvenile courts of Maryland disposed of 18,380 cases.[2] With the growth of the State population and the increase in delinquency disposition rate, projections indicate that over 20,000 juvenile cases will be referred to the courts during Fiscal Year 1969.[3]

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[1] *"Maryland State Budget, Fiscal Year ending June 30, 1969;"* January 1968. p. 589.

[2] *Ibid.* p. 585

[3] *Ibid.*

Since the concept of preventive rehabilitation is very important in dealing with youth population, providing services at the earliest possible period is the key, many times, in assisting juveniles to become productive citizens in their community. At the present time, vocational rehabilitation counselors have not been assigned to the juvenile courts in the State to work in coordination with the Department of Juvenile Services staff.

57. *IT IS RECOMMENDED THAT VOCATIONAL REHABILITATION COUNSELORS BE ASSIGNED, INITIALLY ON A PART-TIME BASIS, TO EACH OF THE 24 JUVENILE COURTS IN THE STATE SO THAT JUVENILE OFFENDERS WHO ARE ELIGIBLE FOR VOCATIONAL REHABILITATION SERVICES CAN BE ASSISTED IN DEVELOPING A REHABILITATION PLAN AT THE EARLIEST POSSIBLE TIME FOLLOWING OR PRECEDING DISPOSITION ACTION BY THE COURT.*

c. The six juvenile institutional facilities under the administrative aegis of the Department of Juvenile Services provide diagnostic services for incarcerated delinquent boys and girls who are recommended to the centers by all juvenile courts in the State of Maryland. Below is a breakdown of the capacity of these institutions as well as admissions and release for Fiscal Year 1967.

Maryland Children's Center - Baltimore
Thomas J. S. Waxter Children's Center - Anne Arundel County:

The Maryland Children's Center is a 112-bed facility and Waxter is a 40-bed facility.

	Actual FY 1967	Estimated FY 1968
Average Daily Population	102	140
Admission	2,940	3,400
Released	2,944	3,400[1]

[1] *The Maryland State Budget, Fiscal Year Ending June 30, 1969,* January 1968, p. 592.

Boys' Village of Maryland - Anne Arundel County: This institution is responsible for the custody and training of boys, 13-1/2 to 15 years of age, who are committed as juvenile delinquents by the courts of Baltimore City and the counties.

	Actual FY 1967	Estimated FY 1968
Average Daily Population	275	297
Admission	618	650
Released	660	624[1]

Maryland Training School For Boys - Baltimore County: The admission criteria for the school are: junior boys, 13-1/2 and under; senior boys, 15-1/2 and over; and recidivists from Boys' Village of Maryland.

	Actual FY 1967	Estimated FY 1968
Average Daily Population	388	351
Admission	983	810
Released	1,070	850[2]

Montrose School for Girls - Baltimore County: The school is responsible for the custody, care, education, and vocational training for all girls adjudged delinquent by the juvenile courts of Maryland and the Municipal Court of Baltimore City.

	Actual FY 1967	Estimated FY 1968
Average Daily Population	225	256
Admission	408	450
Released	437	416[3]

Victor Cullen School - Cullen, Maryland: The school accepts boys 15 years of age and older who have been adjudged delinquent by Maryland courts having juvenile jurisdiction.

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[1] *Ibid.* p. 598

[2] *Ibid.* p. 606

[3] *Ibid.* p. 615

	Actual FY 1967	Estimated FY 1968
Average Daily Population	92	170
Admission	253	400
Released	223	370 [1]

Currently, there are no Division of Vocational Rehabilitation counselors assigned to these facilities to provide the rehabilitation services needed to assist them in returning to the community following incarceration.[2]

58. *IT IS RECOMMENDED THAT A VOCATIONAL REHABILITATION COUNSELOR BE ASSIGNED, INITIALLY ON A PART-TIME BASIS, TO EACH OF THE JUVENILE INSTITUTIONS IN THE STATE (MARYLAND CHILDREN'S CENTER, THOMAS J.S. WAXTER CHILDREN'S CENTER, BOYS' VILLAGE OF MARYLAND, MARYLAND TRAINING SCHOOL FOR BOYS, MONTROSE TRAINING SCHOOL FOR GIRLS, AND VICTOR CULLEN SCHOOL).*

d. Approximately 36% of the juveniles released each year from the State's juvenile institutions (i.e., about 2,200 in calendar year 1967) return to Baltimore City while approximately 40% (i.e., 2,400 youths in calendar year 1967) return to the Metropolitan Washington area (Prince Georges County and Montgomery County).[3]

59. *IT IS RECOMMENDED THAT INITIALLY THERE BE AT LEAST TWO VOCATIONAL REHABILITATION COUNSELORS TO THE BALTIMORE CITY DISTRICT OFFICE AND TWO TO THE*

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[1] *Ibid.* p. 629

[2] See Task Force Hearings: Suburban Baltimore, Southern Maryland, Prince Georges County.

[3] *1967 Cumulative Report*, Department of Juvenile Services, page 15.

SUBURBAN WASHINGTON DISTRICT OFFICES (ONE IN HYATTSVILLE AND ONE IN ROCKVILLE) TO WORK PRIMARILY WITH THE JUVENILE OFFENDERS FOLLOWING INCARCERATION AND RETURN TO THEIR COUNTY OF RESIDENCE.

e. The State Department of Juvenile Services operates five boys' forestry camps which are located in Western Maryland--in Green Ridge and Maple Run in Allegany County; Lonaconing, Meadow Mountain and Back Bone Mountain in Garrett County. The juveniles are transferred to the Camps by the State Department of Juvenile Services after having been recommended from the Maryland Training School for Boys, Boys' Village of Maryland, and Victor Cullen. The Camps program is designed to rehabilitate individuals while, at the same time, they are employed by the Department of Forests and Parks in various forestry work projects. Boys 15-1/2 years of age and over are admitted to the program. The average population in the Camps in Fiscal Year 1967 was 136 and the estimated population for 1968 is 160.[1]

Since the prime focus in the Camps is to prepare the individuals to return shortly to community living again, the Division of Vocational Rehabilitation should be an integral part of the Camps program. At this time, rehabilitation counselors have not been assigned to these facilities.

60. *IT IS RECOMMENDED THAT REHABILITATION COUNSELORS BE ASSIGNED TO THE DEPARTMENT OF JUVENILE SERVICES' FORESTRY*

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[1] *The Maryland State Budget, Fiscal Year Ending June 30, 1969,* January 1968, p. 623.

CAMPS, INITIALLY ON A PART-TIME BASIS, TO CAREFULLY SCREEN AND EVALUATE THESE JUVENILES IN TERMS OF THEIR REHABILITATION POTENTIAL.

f. In July 1968, the State Department of Juvenile Services will operate a community-based residential facility in Baltimore City that will accommodate emotionally disturbed girls. This will be the first such facility to be operated by the Department; however, additional residential facilities are greatly needed in the State (as evidenced by the fact that over 5,000 juveniles are released from the juvenile institutions each year).[1] In a number of instances, these individuals do not have stable social environments to return to following their incarceration.[2] Residential facilities, therefore, serve as an important intermediary step by which juvenile delinquents move from institutional living to community living.

61. *IT IS RECOMMENDED THAT RESIDENTIAL FACILITIES BE ESTABLISHED FOR RELEASED JUVENILE DELINQUENTS AS SOON AS POSSIBLE IN THE METROPOLITAN BALTIMORE AREA AS WELL AS IN THE METROPOLITAN WASHINGTON AREA. SERIOUS CONSIDERATION SHOULD ALSO BE GIVEN TO THE FUTURE ESTABLISHMENT OF A RESIDENTIAL FACILITY IN THE CENTRAL MARYLAND GEOGRAPHICAL AREA (i.e., HAGERSTOWN). THESE FACILITIES WOULD BE JOINTLY FUNDED BY THE DIVISION OF VOCATIONAL REHABILITATION AND THE STATE DEPARTMENT OF*

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[1] *1967 Cumulative Report*, Department of Juvenile Services p. 12.

[2] Task Force Hearings: Suburban Baltimore, Central Maryland, Montgomery County.

JUVENILE SERVICES (UTILIZING CAPITAL FUNDS FROM THE DEPARTMENT OF JUVENILE SERVICES AND SECTION II MATCHING FUNDS FROM THE DIVISION OF VOCATIONAL REHABILITATION) WITH ACTUAL OPERATION THE RESPONSIBILITY OF THE STATE DEPARTMENT OF JUVENILE SERVICES.

8. Other Service Programs

a. Cooperative Area Manpower Planning System (CAMPS)

The Maryland CAMPS program is a product of individual committees established at the local county level, allowing administrators of local programs to review the available resources and make optimum use of them. The State and local committees started with three jointly signed Federal issuances as a common point of reference. (Federal agencies were Department of Labor, Department of Health, Education, and Welfare, Department of Commerce, Office of Economic Opportunity, Department of Housing and Urban Development, Department of Agriculture, Department of Interior, and Civil Service Commission.) The plan for Fiscal Year 1968 performed three tasks: (1) identified operating programs, (2) identified unmet needs, and (3) made recommendations for future planning. It based its findings on reports from each agency serving the public regarding the manpower situation in Maryland. Its goal is to more fully use all program resources, avoiding duplication, and provide for future joint-funding of services to the target population. At present, it has no powers to enforce financial coordination between agencies, but it is a beginning step to efficient administration of public programs.

Vocational Rehabilitation, as one of the signatory agencies to the CAMPS agreements, is responsible for serving the disabled unemployed and underemployed in every part of the State of Maryland. It plays an active role in the manpower scene and should be increasingly involved with the CAMPS program and its objective in concentrating on the disabled poor. Vocational Rehabilitation already cooperates, by agreements, with the Maryland State Employment Service, the Department of Correction, some school systems, the mental hospitals, sheltered workshops, and Public Welfare. Within these arrangements, there are some elements of duplication and lack of full cooperation, but these are gradually being eliminated. It is recommended here and elsewhere in this report that both new and updated agreements fully delineate the duties and responsibilities of each party thereto in order to achieve a maximum of coordination. Although rural labor areas of Maryland need to function through CAMPS to meet their employment needs, the CAMPS program for Baltimore City is of particular importance since the major portion of the unemployed and underemployed of Maryland is in the urban slum area. The subemployment rate for urban slum areas nationally is 33.9%--one in every three persons has a serious employment problem. Unemployment in the urban slum areas runs 10% to 14% (three times the average for the rest of the country). Seventy percent of the urban slum population is Negro (national proportion is 11%). Nonwhite people make up 32% of the nation's poor versus 12% of the total population. Nonwhite workers account

for 22% of the unemployed, but only 10% of the total labor force.[1] It is apparent, therefore, that the urban nonwhite poor form the largest single group of individuals who most need the full related services of all agencies in the CAMPS program. In view of the fact that from 35% to 50% of the poor are probably disabled,[2] the part that vocational rehabilitation can and *must* play in the CAMPS program is quite important and extensive in the densely populated urban areas of the State.

If Vocational Rehabilitation is to expand its services to successfully carry out its prescribed functions, it must be adequately staffed. It, therefore, was suggested in the CAMPS plan for Fiscal Year 1968 that *at least* 42 additional professional workers be added and 30 additional clerical.[3] At present, new CAMPS programs are being planned for each county and for Baltimore.

62. *IT IS RECOMMENDED THAT THE DIVISION OF VOCATIONAL REHABILITATION CONTINUE TO PLAY AN ACTIVE ROLE IN COOPERATIVE AREA MANPOWER PLANNING SYSTEM PROGRAMS, AND PROJECT ITS NEEDS FOR ADEQUATE STAFFING ON THE BASIS OF INCREASING SERVICES TO THE SUBEMPLOYED AS WELL AS THE UNEMPLOYED--PARTICULARLY THE DISABLED POOR.*

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[1] *Interagency Cooperative Issuance No. 69-1*; "Cooperative Area Manpower Planning System - Fiscal Year 1969", January 1968.

[2] Estimate based on studies of target area of Baltimore served by the Concentrated Employment Program and of the Department of Public Welfare applicants.

[3] State of Maryland, Cooperative Area Manpower Planning System for Fiscal Year 1968; July 1967.

In every way, Vocational Rehabilitation should seek to coordinate its services with other agencies to engage in total service to the disabled not heretofore identified as eligible for service.[1]

b. Neighborhood Centers

In Baltimore City, there are 31 Neighborhood Centers serving the target area population. These centers use a network of services, most of them on a contractual basis, provided by the community. These are services which are "out of the ordinary" for the serving agency since they are tailored to suit the population they serve. Where a need is identified by the Neighborhood Center staff which an agency can meet, referral is made to that agency, whether or not there is a contract existing.

At the present time, there is no contractual agreement between the Community Action Agency (which has over-all charge of the Centers) and the Division of Vocational Rehabilitation for the latter's services. Vocational Rehabilitation services to those referred by centers are handled in the routine fashion now, and each individual referral is evaluated according to established procedures before acceptance or rejection. Therefore, a tremendous backlog of referrals to the Baltimore office of the Division of Vocational Rehabilitation exists and delays in appointments with counselors result. Evaluation is often time-consuming and with the added factor of a shortage of counselor staff, service to the new referrals is slow.

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[1] Task Force Hearings: Central Maryland, Lower Eastern Shore, Prince Georges County, Southern Maryland, Suburban Baltimore, Upper Eastern Shore and Western Maryland.

Since it is apparent that the target area for the Community Action Agency's activities will be expanded and an increasing number of Neighborhood Centers will be established, it will be necessary for Vocational Rehabilitation to set up new procedures to speed up its services to the disabled disadvantaged of the city. The Baltimore Community Action Agency and the Baltimore office of the Division of Vocational Rehabilitation should reach an agreement (similar to the recommended Statewide agreement between the Division of Vocational Rehabilitation and the office of Economic Opportunity) to define the areas of responsibility of each agency and to outline special services that can be extended to the disabled of this target group.

63. *IT IS RECOMMENDED THAT THE COUNSELOR STAFF OF THE BALTIMORE OFFICE OF VOCATIONAL REHABILITATION BE ENLARGED TO ACCURATELY REFLECT THE NEEDS THAT EXIST AS UNCOVERED BY ANTI-POVERTY PROGRAMS. COUNSELORS ASSIGNED TO THE TARGET AREA GROUP SHOULD MAINTAIN A CLOSE WORKING RELATIONSHIP WITH THE NEIGHBORHOOD CENTER COUNSELORS, AND UTILIZE ALL OF THE OTHER HEALTH AND SOCIAL SERVICE AGENCY SERVICES WHICH COOPERATE WITH THE COMMUNITY ACTION AGENCY PROGRAM.*

c. Model Cities

A recent program of the U. S. Department of Housing and Urban Development (HUD), the Model Cities program, emerges from the total effort to deal with intertwined human and physical problems of our cities. This program is designed to demonstrate how all urban re-

sources can be combined into a massive onslaught on city problems. Through HUD, all talents and skills of Federal, State, and local public and private agencies combine to mobilize local leadership and private initiative. Seventy-five cities have been selected for planning grants. Two kinds of Federal assistance are available to these demonstration programs (of which Baltimore has one): (1) the complete range of Federal programs for housing, urban renewal, transportation, education, welfare, economic opportunity, and social improvement will be combined; and (2) up to 80% of the total local share of the cost of the demonstration programs will be funded to the cities. The Model Cities Act requires cities to coordinate the efforts of numerous local agencies and institutions in developing and executing an over-all plan for solving the major problems of the selected neighborhoods.[1]

Both long-range five-year plans and first-year action programs are to be developed. Funding for planning is guaranteed and supplemental funding will be made as plans are approved (in the form of grants from HUD) to be used for new and innovation projects, to reorient existing resources to better uses, and to mobilize additional resources. It is possible that this is an additional source of funding for appropriate Vocational Rehabilitation projects included in the action program. It is also possible that local funds spent by the City for Vocational Rehabilitation activities in the model neighborhood could be paid to the State Voca-

[1]U.S. Department of Housing and Urban Development, "What It Is and What It Does", July 1967.

tional Rehabilitation agency and thus earn Section II Federal funding on a 3-to-1 basis for vocational rehabilitation services in the area.[1]

The program's achievement standards in the revised guide *(Program Guide--Improving the Quality of Urban Life)* recognizes the need of disabled people in developing a comprehensive social and rehabilitative program. It also points out that cities may need to consider, in their employment and economic development planning, the requirements of residents with physical, mental, or emotional handicaps who could be made employable through improved access to vocational rehabilitation facilities and services.[2] This is, of course, the role of the Division of Vocational Rehabilitation in the Model Cities Program in Maryland. Vocational Rehabilitation also has the responsibility of making sure that any buildings erected under the program are free of architectural barriers as determined by the Maryland law.[3]

The Policy Board of the Baltimore program has eight Task Forces working to prepare program plans in such areas as manpower development and job training, economic development and job creation, education, health, social services, etc. To date (May 1968) there have been no meetings of the appropriate Task Force for vocational rehabilitation. Since Prince Georges County has applied for a grant in the second round of funding, the State Voca-

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[1] *Rehabilitation Interagency Focus;* Bulletin No. 5, December 1967.

[2] *Rehabilitation Interagency Focus;* Bulletin No. 7, January 1968.

[3] *op. cit.*, Bulletin No. 5

tional Rehabilitation agency should, at this time, explore all possibilities of funding for its part of the services to be extended as part of its commitment to upgrade job skills and education levels in this area of Maryland.

64. *IT IS RECOMMENDED THAT THE DIVISION OF VOCATIONAL REHABILITATION ASSUME AN ACTIVE PART IN THE MODEL CITIES PLANNING FOR BALTIMORE AND IN THE FORTHCOMING MODEL CITY PROGRAM FOR PRINCE GEORGES COUNTY.*

Thus, the agency can help reduce dependence on welfare payments, improve the socio-economic status of the disabled and disadvantaged, and take the leadership in realistic planning for building, transportation, and other facilities for the handicapped.

E. Coordination with Other State Planning

1. Planning Relative to the Poverty Stricken

The contemporary problems associated with the slums and ghettos in America are too critical to be dealt with on a strictly categorical basis. Solutions cannot be handled in a unified manner where programs are sharply delineated. The question of coordination of these programs is being subjected to careful study and review within Federal, State, and local governments. (See sections B-6, C-3, and D-8 for coverage of specific poverty programs.)

The linking of diverse planning in health and health-related programs (e.g., comprehensive Statewide planning for vocational rehabilitation, comprehensive health planning, comprehensive mental health planning, etc.) with neighborhood service centers and model city programs (and their emphasis on improving the total environmental conditions) is a logical framework for initiating solutions to this pressing matter of effectively delivering health and social services which are meaningfully coordinated and at the same time responsive to the community's needs.

2. Mental Health Planning

In 1965, a "Maryland State Comprehensive Plan for Community Mental Health Service" was prepared by the State Mental Health Planning Committee. Statewide health needs identified in this study which have implications for vocational rehabilitation have been incorporated in over-all planning efforts of the Statewide Planning Project. (Coordination of health services is discussed in E-7, below.)

3. Mental Retardation Planning

The Mental Retardation Planning Committee, acting under the State Board of Health and Mental Hygiene, recently prepared a "Maryland Comprehensive

Mental Retardation Plan." This study has delineated the still unmet needs of the mentally retarded for vocational rehabilitation services throughout the State. (See section B-5)

4. Vocational and Special Education, and Expansion of Educational Services to the Handicapped

The "Report of the Governor's Commission to Study the Educational Needs of Handicapped Children," November 1967, has made recommendations in the form of a plan for special education services within the State. The implications for vocational rehabilitation in this study have been considered in formulating a comprehensive Statewide plan.

Despite an agreement between the Division of Vocational Rehabilitation and 12 Maryland school boards for the establishment of Vocational Rehabilitation Units in the local school systems, greater cooperation is needed between the two parties in carrying out the stated intent of the program. (See section D-4)

5. Hill-Burton Planning for Rehabilitation Facilities

The Maryland State Department of Health is the State agency designated to administer Hill-Burton planning for rehabilitation facilities. A close working relationship exists between the Health Department and Vocational Rehabilitation regarding the planning for these facilities. The Maryland State Medical Facilities Survey and Plan, 1967-1968, sets forth the role of the Health Department in rehabilitation planning in conformance with the intent of the U.S. Public Health Service.

6. Rehabilitation Workshops and Facilities Planning

Close coordination was maintained with the Study Committee on Workshop and Rehabilitation Facilities. The results of the Committee's research have been considered in the recommendations of this report. (See section C-4)

7. Comprehensive Health Planning (PL 89-749)

Pursuant to Public Law 89-749, the Maryland State Board of Health and Mental Hygiene has approved a Governor's Interagency Committee on Comprehensive Health Planning and has recommended that an advisory council be formed to help the committee formulate a comprehensive health plan for Maryland. The future activities of this committee should be coordinated with vocational rehabilitation planning insofar as the health needs of vocational rehabilitation clients are concerned.

The Statewide health needs identified through the regional hearings and other research conducted by the Governor's Study Group on Vocational Rehabilitation may, in turn, serve as a base upon which comprehensive health planning may draw.

It is obvious that the planning activities in the above-mentioned areas need to be more closely coordinated in order to insure that programs are developed in the most effective manner. Although the Federal system of funding by categorical program frequently results in a fragmented approach toward the planning and delivery of services, the State should assume the leadership in reducing duplication and wasted effort.

65. *IT IS RECOMMENDED THAT A PLANNING BODY BE DESIGNATED TO FUNCTION IN THE AREA OF HUMAN RESOURCES DEVELOPMENT MUCH AS THE GOVERNOR'S INTERAGENCY COMMITTEE ON COMPREHENSIVE HEALTH PLANNING IS TO SERVE IN THE DEVELOPMENT OF HEALTH PROGRAMS.* (See Recommendation #78, below.)

F. Administrative Aspects

1. Public Relations

Testimony obtained from the public hearings conducted throughout the State supports the fact that the general public is not very well informed about many of the aspects of the vocational rehabilitation program. The lack of awareness of the existence and functions of vocational rehabilitation services and facilities is equally applicable among such professions as medicine, law, the ministry, school administration, etc., (whose members would seem most likely to be concerned and in sympathy with the vocational rehabilitation program and its objectives and accomplishments). In addition, many public officials and legislators often have only vague knowledge that such a program exists.

Public information efforts should be oriented towards: (1) acquainting the individual citizen with services available through this agency through an agressive public relations program; (2) providing selected professional groups and associations with information which will give them a better knowledge and understanding of the program and its objectives, structure, philosophy, methods, limitations, and accomplishments; (3) communicating the program (with its limitations) to other State agencies having a direct or indirect relationship with vocational rehabilitation; and (4) encouraging full understanding on the part of employers of the benefits to be obtained from hiring handicapped workers.

66. *IT IS RECOMMENDED THAT THE DIVISION OF VOCATIONAL REHABILITATION DEVELOP AN ORGANIZED PROGRAM OF PUBLIC INFORMATION UTILIZING ALL POSSIBLE MASS COMMUNICATION MEDIA. THIS PROGRAM WOULD HAVE THE OBJECTIVE OF IMPROVING AND INCREASING THE EFFECTIVENESS AND SUPPORT OF VOCATIONAL REHABILITATION THROUGH A MULTI-FACETED APPROACH.*

2. Administrative and Operational Aspects

a. Some Administrative Considerations

While this study has not endeavored to suggest or develop a specific organization chart relative to the operations of the State agency, it should be recognized that positions and functions are, in effect, dictated by the objectives of the organization. In this regard, the prime or principal objective of the Division of Vocational Rehabilitation is the provision of rehabilitation services to the maximum number of disabled persons in the State of Maryland (ideally and in compliance with the objectives of this comprehensive planning study --to all of Maryland's disabled citizenry). The provision of all client-centered rehabilitation services is the responsibility of the Field Services unit. In fulfillment of this responsibility and in order to achieve a more meaningful and coordinated "services to people" program, the Field Services unit should have the responsibility of all client services including the special disability groups (the blind, the deaf, the mentally retarded, etc.) in addition to the "general" program service units.

The principal of direct responsibility by geographical areas (presently districts) for all Division of Vocational Rehabilitation activity within such areas should be established. A mental health unit within a district should be one part of such a district, just as are all other general and special services. Under the present organizational structure, there is a proliferationof effort and breakdowns in communication.

To be effective, the Field Services program must be decentralized; however, the district supervisors must be responsible to the Director

of Field Services who, in turn, should have the authority and power which is necessary to effect and influence the program's direction. Currently, the Field Services headquarters unit has relatively little influence with respect to field staffing, program funding, etc. As an example, many programs and projects are implemented without the participation of the Field Services Director and oftentimes have the effect of committing the agency to priorities in services which may not be in the full interest of handicapped clients.

As stated earlier, all of the functions of the Division of Vocational Rehabilitation exist in support of the prime objective of providing services to people; therefore, the functions of administration, staff development and planning, etc., are all auxiliary services.

67. *IT IS RECOMMENDED THAT THE PROPER ROLE AND FUNCTION OF THE DIVISION OF VOCATIONAL REHABILITATION'S FIELD SERVICES OPERATION BE RECOGNIZED THROUGH THE UPGRADING OF THE DIRECTOR OF FIELD SERVICES TO THE POSITION OF FIRST ASSISTANT DIRECTOR OF THE DIVISION OF VOCATIONAL REHABILITATION WITH ALL OTHER ACTIVITIES OR FUNCTIONS BEING SUBORDINATE IN LEVEL OF RESPONSIBILITY.*

68. *IT IS FURTHER RECOMMENDED THAT THE FIELD SERVICES UNIT OF THE DIVISION OF VOCATIONAL REHABILITATION ASSUME RESPONSIBILITY FOR THE PROVISION OF ALL CLIENT-CENTERED SERVICES (OPERATIONAL AND DIRECT) PERFORMED THROUGHOUT THE STATE THROUGH ESTABLISHMENT OF UNIFORM STANDARDS OF SERVICES FOR CLIENTS IN MARYLAND REGARDLESS OF WHERE THEY MIGHT RESIDE. THE NEED FOR INSURING COMPARABILITY BETWEEN RECENT FEDERAL LEGISLATION AND THE MOST RECENT MARYLAND STATE PLAN OF OPERATIONS THUS BECOMES PARAMOUNT.*

b. Weighted System for Evaluating Counselor Effectiveness

The present system of evaluating the vocational rehabilitation agency and its counselors on the basis of actual numbers of cases closed (Production Index) is becoming more and more a controversial discussion topic. Hearings held by the Governor's Study Group[1] and recent rehabilitation literature have focused on this subject. The annual production index has been the primary measuring instrument by which administrators have approached their state legislators for increasing sums of matching money for Federal appropriation. Since more and more social service agencies seek the same tax dollar, the State's rehabilitation agency's production index will continue to be one of the key criteria in its success to secure the necessary funds for continued growth of the program.

A new factor in assessing counselor performance has entered into the picture, however. With the passage of Public Law 89-333 (Vocational Rehabilitation Act of 1965), rehabilitation agencies have felt increasing pressure to not only counsel and place clients who have relatively good expectancy of gainful employment, but to evaluate and counsel individuals whose placement in the world of work tends to be more questionable. Under the present system, which places the same value on all rehabilitants, no allowance has been made to qualitatively differentiate these cases; therefore, the tendency has been for counselors to work with the "easier" or short-term cases to achieve greater numbers of rehabilitants because of the high value placed on the production index. The net result is that the more "difficult" cases

[1]Task Force Hearings: Baltimore City, Southern Maryland, Suburban Baltimore.

(socially/culturally disadvantaged, public offender, severely disabled) are not being served in proportion to the size of their population in the State.

An approach which would reverse the above trend and encourage rehabilitation counselors to work with the more "difficult" cases, which have extremely long-range goals, would be to augment the production index with a weighted or point system. A point system might be utilized by assigning weights to specific disabilities; i.e., rehabilitation of a cerebral palsy or severely mentally retarded would be 4, while the rehabilitation of an individual who needed dental prostheses would be 1. Miller and Barillas[1] have recently reported the development of a complexity index. The operational definition of complexity index is "the percentage of clients, matched on a set of variables, who are rehabilitated." These authors chose the variables of education, disability, age, and referral source.

The findings thus far reported by researchers in the rehabilitation literature and studies that have been done in Iowa, Illinois, and Ohio give increasing evidence to the conclusion there is a need for the adoption of both production and complexity indexes as a more adequate measure of agency and counselor effort and effectiveness. The apparent major findings that have emerged from this approach are:

(1) Counselors will be encouraged to provide services and, in turn, rehabilitate more severely disabled population because per-

[1]Leonard Miller and Mario Barillas, "Using Weighted 26-Closures as a More Adequate Measure of Counselor and Agency Effort in Rehabilitation," *Rehabilitation Counseling Bulletin,* December 1967, pp. 117-121.

formance rating will be based on complexity index as well as on production index.

(2) Supervisory staff of state rehabilitation agencies can more accurately measure counselor performance in terms of how effectively he is providing service to an increasing number of disabled each year and, correspondingly, the degree to which he is working with the more difficult cases.

(3) State legislators will continue to make budgetary considerations based on the production index of the agency in terms of number of disabled citizens rehabilitated. With the weighted system or complexity index, however, budgetary decisions can be made in terms of the population who, prior to rehabilitation services, represent a financial output to the State (through public welfare payments, etc.), but as a result of becoming rehabilitated, there is financial input to the State (through State tax contributions).

The variables which would be used to develop the complexity index would be similar to the ones presented by Miller and Barillas; i.e., *level of education*, *primary disability*, and *age*. The fourth variable that is recommended would be *primary source of support at referral* since it is hypothesized that, if an individual is an aid recipient (i.e., of public assistance, of Social Security benefits, etc.), the motivation factors tend to interfere with the individual's successful completion of the total rehabilitation process.

69. *IT IS RECOMMENDED THAT THE MARYLAND VOCATIONAL REHABILITATION AGENCY UTILIZE A COMPLEXITY INDEX TO AUGMENT THE PRODUCTION INDEX AND SUPERVISORY RATING CURRENTLY USED IN ASSESSING COUNSELOR PERFORMANCE.*

3. Administrative Location of the State Vocational Rehabilitation Agency

In a recent survey of the "Organizational Location and Status of General State Vocational Rehabilitation Agencies,"[1] it was determined that, while in a majority of states, the general rehabilitation program is located in the traditional educational setting under a State Board of Education or State Board of Vocational Education, there are currently 14 states in which the general rehabilitation program is either administered by an independent state agency or located in a department or agency other than the traditional education setting. Nearly all of the administrators of the vocational rehabilitation programs in these states have direct access to the State Legislature and the Governor's office.

While the recent trend has been toward locating vocational rehabilitation in other than an educational setting, there is no surface reason for Maryland to necessarily follow suit; however, three relevant points are significant in consideration of alternative organizational arrangements in order to assure the maximum growth of vocational rehabilitation services. These include: (1) the fact that the Division of Vocational Rehabilitation is the only direct operating agency within the State Department of Education; (2) the growing acceptance of the principles of rehabilitation in many State agency programs; and (3) the fact that the State vocational rehabilitation agency director's position is subordinated to those of other State agency officials.

Changing social conditions have dramatized that the delivery of services (1) be responsive to the needs of individuals, and (2) be provided

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[1] Conducted by the Interagency Relationships Project of the National Rehabilitation Association.

in an integrated and coordinated manner. The advantages of this approach include: (1) convenience and savings in time and effort for recipients of services; (2) the opportunity to provide family-centered services to help overcome the problems of all family members; (3) increased efficiency of agencies through elimination of duplicate interviews, repetitive paper work, etc., and (4) possibilities for a more genuine division of labor among the several professional specialties, etc.

While the public hearings have pointed out the need for overcoming the prevailing fragmented pattern of services, the desired result of increased coordination is obviously difficult to achieve. Comprehensive services, resulting from resources which are funded from different programs, can only be integrated and effectively administered if the framework precludes competition among service programs.

70. *IT IS RECOMMENDED THAT THE GOVERNOR, THROUGH HIS TASK FORCE ON MODERN MANAGEMENT, CONSIDER THE ADVANTAGES OF THE DEVELOPMENT OF A HUMAN RESOURCES AGENCY WHICH WOULD INCLUDE THOSE AGENCIES ESSENTIAL FOR INSURING PROPER COORDINATION OF REHABILITATION-RELATED SERVICES. THIS RECOMMENDATION IS BASED ON THE CONCEPT THAT LARGE QUANTITATIVE AND QUALITATIVE IMPROVEMENTS CAN BE MADE IN THE ORGANIZATION AND DELIVERY OF THE STATE'S SOCIAL SERVICES.*

4. Personnel Recruitment, Training, and Utilization

Estimates provided earlier with respect to the significant number of Maryland citizens who are disabled indicates that, unless planned steps are undertaken for overcoming the lack of available manpower to meet future increased work loads, the State will be unable to provide the services which our handicapped citizenry require. (It should be

noted that presently less than 500[1] rehabilitation counselors are being graduated from all the rehabilitation counselor programs in the United States.)

One approach discussed below considers utilization of the subprofessional position of counselor aide to augment and relieve the rehabilitation counselor of certain functions which he now performs and thus permit him to provide more intensive counseling services.

Another approach for expanding services to meet the increasing number of the State's disabled citizens focuses upon bringing in junior counselors at the baccalaureate level with backgrounds in social services and then providing an intensive on-the-job training and development program under agency auspices. It should be realized that this concept in no way attempts to under-professionalize the "master's degree" rehabilitation counselor, but rather provides an alternative and additional mechanism for bringing on a greatly increased number of counselors who are motivated in serving and working with handicapped people.

We need also to consider the need for attracting qualified and interested individuals to the field of rehabilitation through appropriate scholarships, incentive programs, and adequate salary scales.

Utilization of the Counselor Aide

Recent Federal legislative acts (Economic Opportunity Act, 1964, and Vocational Rehabilitation Amendments, 1965) have made it very clear that this nation is committed to the concept of the full development

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[1]Estimate made by Alfred McCauley, Executive Director, National Rehabilitation Counseling Association, March 1968.

of human resources. Although there is this full commitment, the number of individuals rehabilitated in the United States last year was approximately 200,000 disabled,[1] while the Administrator of Social and Rehabilitation Services, Department of Health, Education, and Welfare has indicated a need to rehabilitate 500,000 per year.[2] In Maryland, the Division of Vocational Rehabilitation rehabilitated 4,788[3] disabled citizens during Fiscal Year 1967 and it has been estimated by the Governor's Study Group staff that there are over 300,000 disabled who are eligible for and in need of vocational rehabilitation services.

From the above figures, it is very clear that now, and in the foreseeable years to come, there will need to be a considerable increase in personnel to provide services to the great number of disabled citizens not currently being served. At present, there exists a great gap between needed and available manpower to provide these services and the insufficient manpower development to meet the increasing work loads will become more critical in the coming years. As noted above, the recent Vocational Rehabilitation Act (PL 89-333) has made it possible for vocational rehabilitation agencies to provide

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[1] *1967 Annual Report,* U.S. Department of Health, Education, and Welfare, Washington, D. C.

[2] Estimate made by Mary Switzer, Administrator, Social and Rehabilitation Services, Department of Health, Education, and Welfare.

[3] *Annual Report,* Division of Vocational Rehabilitation, State Department of Education, Fiscal Year 1967.

services to a greatly expanded group of individuals who are now eligible for services. The paradox which exists is that, although funds may be available, total program expansion will be hampered until solutions to the personnel shortage can be found. Certainly, this situation is not unique to this field. It is also a major concern for the professions of medicine, social work, nursing, and other fields related to the development of human resources.

As the Division of Vocational Rehabilitation expands its program to provide services to a much broader base of the disabled population and to a significantly greater number of disabled citizens, it becomes increasingly evident that alternative and innovative approaches must be adopted to alleviate the acute manpower shortage. It is for this reason that the utilization of support personnel, or counselor aides, functioning in selected aspects of the total program, can assist in the agency's goal of substantially increasing the number of disabled served. Thus, the critical problem is to identify those areas which, most appropriately, could be assigned to the support personnel or counselor aide.

The primary role of the counselor aide is to augment and relieve the rehabilitation counselor of certain functions which he now performs and thereby permit him to provide counseling services in the areas of vocational and education planning, motivation, etc., for which his academic background has prepared him. Since counseling services are the only direct service provided by the State rehabilitation offices, and the professionally trained counselor is qualified to deliver these services, it is imperative that all other duties which can be performed by support personnel by carried out by them so the reha-

bilitation counselor can perform in the counseling area. The present pressures in the rehabilitation counseling process result in counselors performing tasks which are essentially neither purely clerical nor professional. These areas include such duties as intake interviewing, determining initial eligibility for services, making interagency contacts for client services, follow-up on health and work status of clients, etc. Duties of this nature and many other such related activities can be most adequately performed by counselor aides.

Training for support personnel could be accomplished, for example, through the development of a curriculum at the junior college level. Technical courses at this level have already been established in related health and social service fields. Orientation and in-service training programs conducted by the rehabilitation agency would also be provided to the support personnel and augment the formal training they received prior to employment.

71. *IT IS RECOMMENDED THAT THE DIVISION OF VOCATIONAL REHABILITATION INTRODUCE INTO ITS PERSONNEL STRUCTURE COUNSELOR AIDE POSITIONS TO ASSIST THE PROFESSIONAL COUNSELING STAFF IN THE DAY-TO-DAY PROVISION OF SERVICES TO CLIENTS.*

5. Utilization of Completed Research

One of the major challenges which face rehabilitation relates to the systematic improvement of programs and practices through the utilization of applicable research results. The need for validating and searching out new methods and techniques for improving and extending services to disabled people is well accepted. The problem, however, relates to implementing and utilizing the results of completed research activities.

For example, while many rehabilitation counselors have attempted to involve the whole family in the rehabilitation treatment plan, a number of counselors are not yet fully realizing the benefits of increasing family involvement in the rehabilitation plan.

It is appropriate here to mention the five-year study conducted by the Community Research Associates, Inc., in Washington County, Maryland, on community planning and organization by the team approach. This study emphasized the value of the family treatment plan wherein (1) the specific physical disability is recognized; (2) the strengths and weaknesses of the whole family are evaluated; (3) any additional problems within the family in the areas of health, dependency, or maladjustment are determined; (4) a family treatment plan is prepared for approval of the related agencies; and (5) primary responsibility for carrying out the plan is assigned to one agency with each other agency involved assigned specific responsibility for those aspects of the plan for which their service is best suited. Not only does this coordinated plan help the rehabilitation of the specific physical disability but often it makes the multi-problem family self-sufficient. The process of preparing and carrying out the family treatment plan promotes interagency understanding and develops effective procedures for continuing interagency cooperation in all fields.

Thus, it is incumbent upon the agency to not only be aware of research results but to build the desirable elements into its ongoing programs and practices.

72. *IT IS RECOMMENDED THAT THE DIVISION OF VOCATIONAL REHABILITATION TAKE POSITIVE ACTION IN PERIODICALLY REVIEWING AND ASSESSING COMPLETED REHABILITATION RESEARCH RESULTS FOR IMPLEMENTATION IN ORDER THAT THE HANDICAPPED CITIZENS OF THE*

STATE CAN RECEIVE THE BENEFITS OF IMPROVED AND/OR MORE EFFECTIVE SERVICES.

6. Budget Planning for Vocational Rehabilitation

If a conscious process of planning is to precede action for the provision of vocational rehabilitation services and facilities, it should not end with a mere statement of plans in light of selected goals and objectives. Planning is a continuous process, as well, and does not cease even when programs are apparently completed.

A planning, programming, budgeting system, or PPBS, as utilized by the Federal government can be of significant help in providing the State administrator with a clearer view of the issues involved and the consequences of alternative decisions.[1] Through the use of PPB, fundamental government objectives can be brought into focus, with the underlying thought being the satisfaction of client need even though activities cut across existing organizational units or departmental lines.[2]

The programs and activities encompassed in the broad concept of vocational rehabilitation may well include some which fall outside the realm

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[1]The first call for Federal government-wide implementation of PPB was contained in Bureau of the Budget Bulletin 66-3, October 12, 1965. Elements of PPB were evident in the budget for New York City as early as 1907. (See N.Y. Bureau of Municipal Research, *Making a Municipal Budget* [N.Y.: 1907].) Restatements of a program budget and/or functional classifications of expenditures were made over the years from the President's Commission on Economy and Efficiency in 1912 through the time of the Hoover Commission, 1949, to the more recent work of the RAND Corporation (beginning in the mid-1950's), and actual implementation by the Department of Defense in the early 1960's. For a detailed history of PPB, including references to signficant works, see Allen Schick, "The Road to PPB: The Stages of Budget Reform," *Public Administration Review*, XXVI, 4(1966) pp 243-258.

[2]A sample PPBS program structure is illustrated in Harry P. Hatry and John F. Cotton, "Program Planning for State, County, City," State-Local Finances Project, George Washington University, January 1967, p. 17. This presentation is in the form of client-oriented program categories rather than "object classes."

of the Division of Vocational Rehabilitation. Thus, a comprehensive vocational rehabilitation plan must provide for consideration of plans of action to be carried out by agencies other than the Division of Vocational Rehabilitation. To go one step further, of what relative value is a program of vocational rehabilitation compared to other alternatives? Should the program be expanded and more persons be rehabilitated? Or should the program be continued at its current level or perhaps cut back in favor of other programs?[1]

After stating program objectives and establishing, as far as possible, criteria for their measurement, the administrator needs to analyze all government programs in terms of output for a given input.[2] These studies, or cost-benefit analyses, rely heavily on quantitative information to evaluate alternative programs. Although there may be some problems in obtaining accurate data and in relating programs to one another, the results of such analyses, along with the broader PPBS, should be recognized as providing at least (1) significant information on the problem, (2) the possible identification of new and better alternatives in the form of a combination of other proposed alternatives, and, perhaps most important, (3) a "'dialogue'--the questioning and response--among the decision makers, the proposal makers, and the program analysts. Much of the relevant analytical work done thus far in government PPB systems has resulted . . .

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[1]The question of continuing present programs at current levels, or cutting back in favor of other programs is discussed in the concluding chapter of Ronald W. Conley, *The Economics of Vocational Rehabilitation* (Baltimore: The Johns Hopkins Press, 1965).

[2]Harry P. Hatry and John F. Cotton, "Program Planning for State, County, City," State-Local Finances Project, George Washington University, January 1967. See p. 25 for steps in program analysis.

from [this] penetrating questioning and the improved perspective obtained on the issues . . ."[1]

To illustrate an application of cost-benefits or systems analysis[2] to vocational rehabilitation in Maryland, a State study[3] was made based on a document produced by the Vocational Rehabilitation Administration, Division of Statistics and Studies.[4] Although a complete cost-benefits analysis, in evaluating a particular program, would try to take into account intangible as well as tangible factors, many of the benefits of vocational rehabilitation, such as new-found independence and sense of self-sufficiency of the rehabilitant, the decrease in need for health and medical services, and the release of family members from custodial care, are not subject to quantification.

Further, the study considered only two major benefits of vocational rehabilitation--increase in lifetime earnings and increase in returns to the State in the form of selected taxes. Cost figures used represent the basic support program of the State vocational rehabilitation activities and omit costs of the research, training, facilities, and international

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[1] *Ibid*, p. 26.

[2] "System Analysis," as the term used to describe "the application of 'benefit-cost' analytical techniques to several areas of the PPBS anatomy," is more fully defined in Samuel M. Greenhouse, "The Planning-Programming-Budgeting System: Rationale, Language, and Idea Relationships," *Public Administration Review*, XXVI, 4(December 1966) p. 276.

[3] Lawrence E. Epplein, "An Exploratory Cost-Benefits Analysis of Vocational Rehabilitation in Maryland," Governor's Study Group on Vocational Rehabilitation (Baltimore: April 1968). See Volume III of this Report.

[4] Department of Health, Education, and Welfare, Vocational Rehabilitation Administration, Division of Statistics and Studies, "An Exploratory Cost-Benefits Analysis of Vocational Rehabilitation," (Washington: August 11, 1967).

programs of the Rehabilitation Services Administration. The input and output data on costs, numbers of rehabilitants, and earnings, was taken from Maryland's Division of Vocational Rehabilitation's Fiscal Year 1967 reports. The methodology used parallels that outlined in the Vocational Rehabilitation Administration report. In addition to case service expenditures by the State programs, expenditures by other sources on clients without cost to the Division of Vocational Rehabilitation were estimated and included in the total cost of services.

The results of the study showed an increase of $29.73 per dollar of program cost for Maryland Vocational Rehabilitation clients whose cases were closed in Fiscal Year 1967. These increased earnings, in effect, were responsible for a corresponding increase in State sales and income tax revenues in the amount of $4,084,000, or $2,766,309 *more* than the cost of the vocational rehabilitation program. This is equivalent to a $3 return to the State for every dollar invested in vocational rehabilitation.

Although cost-benefits studies may be valuable tools to aid in decision-making at the executive level, they are perhaps most significant in planning for vocational rehabilitation at subprogram levels; i.e., in choosing among competing activities of the vocational rehabilitation program.

Using the criteria "increase in mean weekly earnings" to evaluate the cost-effectiveness of rehabilitating various disability groups, it was found that, for instance, every dollar spent on services to the blind produced an increase of 7-1/2¢ in mean weekly earnings, while each dollar of cost of services to the deaf was responsible for a corresponding increase of more than 9¢. Although there are limitations on the use of such isolated data (who, for example, would be so callous and calculating as to

deny services to the blind because of relatively lower returns?), this method and approach, when used within the larger PPB system, can add significant information to be used in the planning and guidance of future agency activities.

73. *IT IS RECOMMENDED THAT A POSITION OF PROGRAM ANALYST BE ESTABLISHED WITHIN THE DIVISION OF VOCATIONAL REHABILITATION TO ADMINISTER A PROGRAM ANALYSIS UNIT HAVING THE RESPONSIBILITY OF PROVIDING TECHNICAL SKILLS AND DIRECTION FOR A PLANNING, PROGRAMMING, BUDGETING SYSTEM.*

G. Special Planning Topics

1. Architectural Barriers

The Division of Vocational Rehabilitation has long been aware of the need for legislation in Maryland to remove the existence of architectural barriers which prevent the full employment of its clients. Throughout the State, at the public hearings of the Task Forces of the Governor's Study Group, the need for such legislation was echoed. At the beginning of the second year of activities of the Governor's Study Group, legislation was developed for the Administration to present to the General Assembly of Maryland. Simultaneously, certain members of the General Assembly, who were also active in the Task Forces of the Governor's Study Group, expressed interest in introducing legislation in the 1968 session. Realizing, however, that passage would not be assured as long as misconceptions of the scope and the intent of the bill existed (e.g., that adjustments made in buildings would be prohibitively costly), the Governor's Study Group set out on its task of explaining the proposed legislation to persons in the Administration and in the Legislature. With the assistance of Senators Nock and Hughes, along with George Lewis of the Department of Public Improvements, a bill was developed and introduced to the General Assembly. This bill (S.B. 404) was passed by the State Legislature and enacted into law by the Governor in April 1968. The Governor's Study Group has, by the new law, the obligation of working with the Department of Public Improvements in writing the new legal standards for buildings (prior to July 1, 1968).

Although the law has been enacted in Maryland to remove architectural barriers in new public buildings and certain other accommodations built with public funds, there is still much to be accomplished in implementing

the law. There is Statewide agreement that the presence of architectural barriers prevents full use of many buildings by many handicapped persons--presenting obstacles to employment, training, education, and functioning in the community. There should be Statewide awareness of new construction, both public and private, and remodeling in order to prevent perpetuation of the errors of old construction. After building standards have been published, it will be necessary for all persons concerned with the welfare of the handicapped to act in a "watchdog" capacity.

74. *IT IS RECOMMENDED THAT THE DIVISION OF VOCATIONAL REHABILITATION AND THE GOVERNOR'S COMMITTEE TO PROMOTE EMPLOYMENT OF THE HANDICAPPED SUSTAIN THE PROGRAM OF EDUCATION STATEWIDE OF CITIZENS REGARDING THE RECENTLY ENACTED LAW AND REGULATIONS COVERING BARRIER-FREE FACILITIES FOR THE HANDICAPPED. ARCHITECTS, BUILDERS, AND OTHERS INVOLVED IN EVERY STAGE OF CONSTRUCTION OF NEW BUILDINGS TO BE USED BY THE PUBLIC SHOULD BE CONTACTED AND MADE FULLY AWARE OF THE PROVISIONS OF THE LAW AND REGULATIONS.*

2. Transportation

The problem of transportation of the handicapped in Maryland is two-fold: (1) a complete lack of transportation in some areas (particularly rural areas), and (2) poor design of transportation facilities where they now exist. With regard to the first, in every hearing conducted by the Governor's Study Group, the problem of lack of transportation for every age level of handicapped individuals was raised. For handicapped children, as well as for handicapped workers, the problem is a daily one. For the handicapped unemployed and the aging, the lack of public transportation prevents many from reaching and securing necessary treatment and training.

a. The State is beginning to solve certain problems of the transportation of handicapped school children by arranging for bus transportation of children who must attend a special nonpublic school or any other school maintained by a State agency, in or outside of their county of residence. Arrangements will be handled through the local departments of education and reimbursement will be made from State funds recently authorized by the Legislature.

Guidelines for such transportation are tentative as of this writing, but the guidelines indicate that daily transportation within a fifty (50) mile radius of the private school may be provided. Children living beyond this limit shall be eligible for two round trips each school year, with the exception of children attending the Maryland School for the Blind and the Maryland School for the Deaf who will be transported to and from their home area on weekends.[1]

It has been suggested that handicapped children, who must be transported to evaluation facilities or to medical and training facilities, be given transportation by the regular school buses at times other than the regular hours. In the present structure of contractual arrangements with owners of school buses, this is virtually impossible to do. The State, for several years, has encouraged the counties to buy their own equipment so that use of it can be flexible, but this has met with resistance thus far.

b. As the number of handicapped children identified as needing special education and work experience programs increases (as the result of a

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[1]Article 77, Section 239, "Handicapped Children - Duty of Local Boards of Education," the Public School Law of Maryland, Maryland School Bulletin, Volume XLI, Number 1, May 1965, and amended by House Bill 12, 1967.

new and concerted effort tc serve all of the handicapped children in the State) the need for transportation to special facilities will also rise sharply. It is hoped by this staff that the Public School Laws of Maryland governing transportation of handicapped children will be interpreted to include rehabilitation workshops which fill the needs of handicapped children "not met by ordinary school facilities,"[1] accredited by the Department of Education, for transportation service by the State.

75. *IT IS RECOMMENDED THAT THE LOCAL EDUCATIONAL SYSTEMS AND THE LOCAL OFFICES OF THE DIVISION OF VOCATIONAL REHABILITATION MAINTAIN A CLOSE CONTACT WITH THE TRANSPORTATION OFFICER OF THE STATE DEPARTMENT OF EDUCATION TO GIVE A CURRENT ESTIMATE OF UNMET NEEDS AND A PROJECTION FOR FUTURE NEEDS OF HANDICAPPED CITIZENS OF ALL AGES WHO ARE UNABLE TO PROVIDE FOR THEIR OWN TRANSPORTATION TO AND FROM SCHOOL, EMPLOYMENT, WORKSHOPS, AND OTHER SPECIAL FACILITIES WHICH SERVE THE HANDICAPPED.*

c. In urban areas, the transportation facilities themselves are often not usable by handicapped, aged, and otherwise infirm persons. The Federal Department of Housing and Urban Development (HUD) has recognized this and is seeking to develop design and performance criteria for improved nonrail mass transit vehicles and related urban transportation systems. According to the provisions of the new Maryland law governing the removal of architectural barriers, any new facility for mass transportation, funded in all or in part by State funds,

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[1] *op. cit.*, Section 241, "Handicapped Children - Special Treatment."

must conform to the standards set forth by the Department of Public Improvements. Much more can be done, moreover, through the cooperation and support of the HUD program of grants to cities who seek to improve their present transportation facilities for all persons with a limitation of mobility.[1]

3. Job Development and Placement

The following observations reflect upon the job development and placement problem from a national standpoint. This discussion focuses upon ways of achieving coordination of manpower and employment policies through industrial involvement.

Manpower policies have been defined as (a) those policies which seek to develop the skills of the labor force, and (b) those which attempt to equate or match the labor supply with the demand for labor.[2] The 1964 Report of the Senate's Labor and Public Welfare Subcommittee on Employment and Manpower concluded that these policies of skill development and of matching men and jobs have not been effectively coordinated with our employment policies which influence the level of employment and the rate at which new jobs are created.[3] Within the Federal Executive Branch, various mechanisms for integrating employment and manpower policies have been

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[1]Memorandum from E. J. Leonard, staff member of The President's Committee on Employment of the Handicapped, to Mrs. K. C. Arneson of the National Commission on Architectural Barriers, July 24, 1967.

[2]*Toward Full Employment: Proposals for a Comprehensive Employment and Manpower Policy in the United States*, A Report of the Subcommittee on Employment and Manpower of the Committee on Labor and Public Welfare, United States Senate, Committee Print, 1964.

[3]*Ibid.*

suggested (i.e., marriage of manpower advisors and the Council of Economic Advisors, coordination of all economic policy by the Bureau of Budget, etc.). In addition, attempts to stimulate an active Federal expenditure policy through investment-type public expenditures (which have the objective of promoting the nation's long-run employment growth) have appeared through accelerated public works programs. Short-term programs have also been effected through various depressed area programs (e.g., Appalachia). Despite the fact that governmental decisions play a major role in determining levels of employment (economic policies, taxation adjustments, direct employment, etc.), much of the responsibility for training, recruiting, and placing rests with the private sector.

The problem of job absorption must be integrated with any accelerated efforts which focus attention upon the "hard-core" unemployed. We need to ensure that the employment opportunity provided by the various poverty programs is not of the "revolving door type" (in a job today, but out tomorrow). The skills, education, and training required to open the doors to permanent employment must be developed in concert with the needs of industry. The decline in many unskilled and semi-skilled jobs over the next decade (with its corresponding increase in demand for well-trained and highly skilled workers) underscores the need for upgrading workers in the current "entry" categories. Hopefully, this will make room for additional "disadvantaged" entrants into the labor market, who, in turn, would also be upgraded.

An initial step in overcoming the concentration of "wasted people" in our central cities and the burdensome social and economic costs of continued neglect is the recognition of people as resources as well as problems.

Labor, along with capital, represents a factor of production to the industrial community. Thus, in identifying those areas of job opportunity or industrial demand, due recognition should be given to the very real problem of training people for jobs that, unfortunately, may soon cease to exist. It has been suggested that manufacturing will absorb in the future proportionately fewer and fewer of the labor force. The concept of a resultant "service economy" points out the necessity for focusing upon the demands created by such new programs as regional medical programs (e.g., requirements for ancillary medical personnel, technicians, etc.).

The problem of job absorption and of job development cannot be solved, however, unless we can effectively provide for increased cooperative efforts by Government and private enterprise. For example, in the case of many of our poverty projects, there has been an apparent lack of stimulative effort on the part of industry in accepting their responsibility. This is true for a variety of reasons (e.g., employer prejudices, psychological barriers, economic factors, etc.). A recent report funded by the Department of Labor's Office of Manpower, Automation, and Training pointed out that, while it may be possible to make a dent in the hiring practices of large industries which arbitrarily discriminate against the disadvantaged youth, it is unlikely that a great change will occur as long as "qualified" applicants are available.[1] The same study also demonstrated that certain firms were willing to hire Negroes--but only those with middle-class accoutrements.[2] The study further identified the problem of exploi-

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[1]Final Report, *Job Opportunity for Youth*, conducted by Community Action for Youth, March 1964-November 1965, Cleveland, Ohio.

[2]*Ibid.*

tation by employers seeking "cheap labor" under the guise of on-the-job training.[1] Other studies of the Department of Labor's Office of Manpower, Evaluation, and Research indicated that employers generally resisted formalized on-the-job training subcontracting arrangements.[2,3]

How then can we provide an effective mechanism(s) for achieving long-lasting genuine cooperative efforts? One recent proposal relates to the use of tax credits as introduced by Senator R. Vance Hartke (D., Ind.) wherein an employer would receive tax credits for a portion of the cost of on-the-job training of persons previously unemployed or being upgraded to higher skills. Under this proposal, the employer would benefit by having a vital vacancy filled with some tax relief for bearing his share of the burden (S. 2429). Another proposal (S. 2088) introduced by Senator Robert Kennedy (D., N.Y.) provides incentives to enable private enterprise to start new industry in urban ghettos. Under this proposal, tax credits, liberalized depreciation provisions, and higher deductions for wages would go to businesses that open new plants in the ghettos and hire a substantial number of ghetto residents. The underlying philosophy behind this proposal is that the quickest and best way to eliminate ghetto poverty is to allow free enterprise to make a profit in doing a job.

Recently, President Johnson reprogrammed some $40 million from appropriations previously made for other Federal programs to encourage businessmen to open plants in various communities containing the "hard-core"

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[1] *Ibid.*

[2] *A Special Report on Job Development*, prepared by Health and Welfare Council Older Worker Project, Baltimore, Maryland, November 1965.

[3] *The Pal Joey Project*, Police Athletic League, New York, New York, January 1967.

unemployed. Under the plan, the Government will pay extra expenses involved in training slum dwellers for jobs; give businessmen who hire them priority in bidding for defense and other Federal contracts; and provide loans and lease-guarantees for industries that locate in the ghettos. Still another approach for obtaining industrial involvement is found in the Labor Department's "Work Training in Industry" program which provides a straightaway cash payment per employee for a given number of weeks as a means of reimbursing private industry for training 6,200 "hard-core" unemployed youngsters.

Thus, we are witnessing a myriad of proposals and programs all involving attempts at stimulating private industry participation in job absorption and job development.

Still another and perhaps more encouraging development is emerging. This concept involves the corporate social conscience which is becoming more obvious every day as evidenced by the casual remarks and formal speeches of corporate executives. The recent announcement by the insurance industry that it had $1 billion to invest in poverty areas is an example of this social conscience of public interest partnership. While the profit-motive is understandably inherent, it is equally obvious that the business community is interested and willing to participate in solving the problems of unemployment.

The questions now arise: Where do we go from here? Which program(s) or proposal(s) offers the greatest potential in stimulating industrial demand? What about industry's social responsibilities? What are the alternative costs and resultant return on investment? The answers must come through follow-up efforts structured so as to determine which incentive program has the greatest impact in assuring that the newly placed

employee remains employed and moves along the spectrum of advancement. These efforts must be developed within a cost-benefits framework if we are to determine the extent to which job absorption and/or job development programs can be useful in our attempts to equate supply and demand.

76. *IT IS RECOMMENDED THAT THE DIVISION OF VOCATIONAL REHABILITATION, THE DIVISION OF VOCATIONAL EDUCATION, AND THE MARYLAND STATE EMPLOYMENT SERVICE EXPLORE IN DETAIL ALTERNATIVE WAYS FOR INCREASING JOB DEVELOPMENT AND PLACEMENT FOR THE STATE'S DISADVANTAGED CITIZENRY (INCLUDING THE HANDICAPPED AND THE "HARD-CORE" UNEMPLOYED). SUCH EFFORTS SHOULD CULMINATE IN A DETAILED PLAN FOR INCREASING INDUSTRIAL DEMAND FOR THESE WORKERS.*

4. Programs in Partnership with Private Industry

The chief area of contact of the Division of Vocational Rehabilitation in Maryland with private industry has been through its employment efforts for the handicapped. One aspect is the direct contact of counselors with employers relative to specific jobs for specific clients. On-the-job training programs have been developed by individual counselors wherein the counselor certifies the client as disabled and needing training, often at an initial less-than-minimum wage, and developing the training into full-time employment with the counselor and the employer working as a team. Such partnerships are not of a contractual nature and are tailored for the individual client and the specific industry or job opportunity. In many instances, the relationship results in some job and machine modifications to the mutual benefits of the client and the employer.

Another aspect of industry-agency cooperation is the formation and continuation of the Maryland Governor's Committee to Promote Employment of the Handicapped. This Committee is one of the oldest Governor's

Committees in the United States and has involved, over a period of 21 years, hundreds of employers along with two of the public service agencies serving the handicapped--the Maryland State Employment Service and the Division of Vocational Rehabilitation. An ongoing program of award to industries hiring the handicapped, sponsorship of awards to deserving handicapped persons, and the resulting exchange of information about the handicapped and the jobs that they might fill reflect the national concern of industry as it participates in the national President's Committee on Employment of the Handicapped program. As a public information tool for the use of Vocational Rehabilitation, the Governor's Committee has been useful and should continue to be even more so as the Division of Vocational Rehabilitation is able to widen its range of services to the handicapped. In regional seminars cosponsored by local industries who are members of the Governor's Committee, rehabilitation of the handicapped has been explained and exemplified. Union and Management have both been represented in these joint programs. Industry has been made aware of the newest rehabilitation techniques and scope, and how an untapped portion of the labor market, the rehabilitated disabled, can fit into the industrial operation. Industry has shown interest in wanting to know more about insurance laws, Workmen's Compensation regulations, removal of architectural barriers, and projected plans and activities of the Division of Vocational Rehabilitation, and much misunderstanding regarding the employability of the rehabilitated disabled has been dispelled.

The Maryland Governor's Committee has 24 local committees (23 county and one for Baltimore City), which are grouped by regions. On each local committee, there is one representative (or more) of each of the public agencies (Maryland State Employment Service and Division of Vocational

Rehabilitation) plus local businessmen and civic leaders. In addition, there is a Statewide committee of persons representing major industry, education, civic interests, and public agencies, appointed by the Governor. This is a fairly limited group, about 30 in number. The total number of volunteers involved Statewide ranges from 300 to 330. Some local committees have not changed in composition for ten years or more and new industry is often not represented. Some are inactive, some are active on an annual basis, and a few are active on a monthly or bi-monthly basis.

Industry has an obligation to contribute to the general welfare of the community by taking an active part in the rehabilitation and employment of the disabled. In this regard, every industry needs to be contacted regarding committee participation. Chambers of Commerce and new industry should be actively involved. This can be accomplished by having the chairman of the Governor's Committee seek out key persons in key industries to serve on the Governor's Committee and to give leadership to the members of the local committees who are in daily contact with the problem of the employment of the handicapped. A concrete suggestion emerged from the Task Force hearings to the effect that a survey of industry is needed to determine the number and type of jobs that the handicapped can fill.[1]

77. *IT IS RECOMMENDED THAT THE GOVERNOR'S COMMITTEE TO PROMOTE EMPLOYMENT OF THE HANDICAPPED ACCELERATE ITS EFFORTS IN EACH COMMUNITY TO BRING TOGETHER INDUSTRY, THE DISABLED, AND AGENCIES SERVING THE DISABLED.*

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[1]Task Force Hearings: Prince Georges County, Southern Maryland, and Upper Eastern Shore.

5. Inner City and Rural Poverty

See sections B-6 and C-3.

H. Governor's Commission on Rehabilitation

With the passage of Senate Joint Resolution 27 in March 1968, a Governor's Interdepartmental Council and Advisory Committee on the Handicapped was established. This resolution was the outcome of recommendations from the Governor's Commission to Study the Educational Needs of Handicapped Children,[1] which advocated broadened coverage to include not only handicapped children but handicapped persons in general. The Commission envisions that this new body will conduct interdepartmental planning, serve as a clearinghouse for the exchange of information among member agencies, develop new approaches to the problems of the handicapped, and study manpower needs and requirements in the Health disciplines.[2] Agency membership on the Council would include the Department of Social Services, the Department of Education, the Department of Health, and the Department of Mental Hygiene, with special education and vocational rehabilitation being represented by two *ex officio* members.

While the Study Group concurs in the objectives and philosophy of this Council, there is, at the same time, a pressing need for coordination of *all* State programs which may have overlapping interest and functions in preventive health and rehabilitation services.[3] In addition to those mentioned above, this would include employment, correctional, and juvenile services.

Although cooperative working relationships do currently exist among some of the proposed member agencies, the Executive Branch is faced with the for-

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[1]See "Report of the Governor's Commission to Study the Educational Needs of Handicapped Children," (Baltimore: November 1967) pp. 5-6, 25-26.

[2]"Wide Changes Examined in Health Plans," *The Evening Sun*, Baltimore, April 24, 1968; C26, 8. Discusses the role of the Governor's Interagency Committee on Comprehensive Health Planning.

[3]Public Law 89-749 requires establishment of a single state body to distribute all Federal money given to a state for health programs.

midable task of establishing priorities among competing (and often duplicated) programs; e.g., the planning and funding of health and health-related services and facilities. The establishment of such a Commission along with the development of a human resources agency (see section F-3, above) should materially assist in effectively planning programs which are both responsive to the needs of the State's citizenry and, at the same time, designed to provide for the maximum utilization of the State's financial resources.

78. *IT IS RECOMMENDED THAT, IN LINE WITH THE FINDINGS AND CONCLUSIONS OF THIS FINAL REPORT, THE FORM AND FUNCTION OF THE GOVERNOR'S STUDY GROUP ON VOCATIONAL REHABILITATION, WHICH TERMINATES AT THE END OF THE CURRENT GRANT PERIOD IN AUGUST 1968, BE MERGED WITH THE INTERDEPARTMENTAL COUNCIL AND ADVISORY COMMITTEE ON THE HANDICAPPED AND EXPANDED INTO A PERMANENT GOVERNOR'S COMMISSION ON REHABILITATION. THE CONCEPT OF SUCH A COORDINATING BODY TO CUT ACROSS ALL CATEGORICAL PROGRAMS WOULD CALL FOR EXPANDING THE ROLE OF THE INTERDEPARTMENTAL COUNCIL (ESTABLISHED BY RESOLUTION IN 1968) AND WOULD DRAW ITS MEMBERSHIP FROM THE STATE DEPARTMENTS OF SOCIAL SERVICES, EDUCATION, SPECIAL EDUCATION, VOCATIONAL REHABILITATION, HEALTH, AND MENTAL HYGIENE; MARYLAND STATE EMPLOYMENT SERVICE; AND THE DEPARTMENTS OF CORRECTIONAL SERVICES, JUVENILE SERVICES, AND PAROLE AND PROBATION. THE FOCUS OF THIS BODY WOULD BE ON COORDINATING HUMAN RESOURCES DEVELOPMENT, ENCOMPASSING THE HEALTH AND HEALTH-RELATED PROGRAM AREAS, AT A SUPRA-AGENCY LEVEL SO THAT THE EFFECTIVENESS OF PLANNING FOR COMPREHENSIVE SERVICES MAY BE MAXIMIZED.*

CHAPTER V

THE COMPOSITE WORKING PLAN

The charge to this study has been to "develop a comprehensive plan to provide rehabilitation services to all disabled in Maryland, who need and can profit from such services, as rapidly as possible but not later than June 30, 1975." As a result of the Statewide Planning Project, the needs of these handicapped citizens were found to be of such a magnitude that the total effort required to fulfill them would far outstrip the capacity of the State (if not the Federal government) in light of present and foreseeable future resource allocation. This chapter, then, is designed to reconcile the profound rehabilitation needs of the State's disabled population with the limited amount of available resources.

Table 1 projects the total need of the disabled in Maryland and the cost of providing needed services, by disability group.[1] The level of State fundings required to provide services to the total number of handicapped citizens is illustrated in Table 2. Because consideration must be given to the limits or restrictions necessarily placed on the allocation of relatively scarce resources, it is unrealistic to plan for the provision of funds and manpower to meet *all* of the State's vocational rehabilitation needs. Accordingly, Table 2a presents a schedule of financing which can reasonably be expected to be provided by the State agency. Table 2b, including Exhibits 1 and 2, portrays the respective State and Federal funding contributions.

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[1] Total number of disabled is based on the estimates developed in Chapter IV-A, above.

TABLE 1

TOTAL PROJECTED NEED AND COST OF NEEDED SERVICES, BY DISABILITY
(Cost in Thousands of Dollars)
All Agencies, Public and Private

CATEGORY	Estimated Coverage by Present Programs		FY 1967		FY 1970		FY 1975	
	Number Served	Expenditures	Number in need	Cost	Number in need	Cost	Number in need	Cost
Blind	501	$ 304	3,212	$ 1,930	5,149	$ 2,485	5,617	$ 2,878
Other Visual Impairments	249	56	2,058	455	3,298	586	3,598	679
Hearing Impairments	277	113	1,596	645	2,558	830	2,790	961
Totally Deaf	--	--	--	--	--	--	--	--
Other Hearing Trouble	237	106	1,533	681	2,457	877	2,680	1,016
Orthopedic deformity or impairments except amputations (all)	2,283	--	--	--	--	--	--	--
Upper extremity ortho. deformity	343	159	6,405	2,942	10,265	3,788	11,198	4,386
Lower extremity ortho. deformity	842	447	13,125	6,904	21,035	8,889	22,946	10,293
Upper & lower & trunk ortho. deformity	471	309	6,300	4,104	10,097	5,284	11,014	6,119
Ortho. deformity other parts of body	627	404	11,025	7,030	17,669	9,051	19,275	10,481
Absence or Amputation of members	575	429	13,545	7,389	21,708	9,513	23,680	11,016
Mental & Personality Disorders (all)	2,947	895	--	--	--	--	--	--
Psychotic Disorders	--	--	5,460	1,577	8,751	2,030	9,546	2,351

-- Indicates figures not available

Table 1 (Continued)

CATEGORY	Estimated Coverage by Present Programs		FY 1967		FY 1970		FY 1975	
	Number Served	Expenditures	Number in need	Cost	Number in need	Cost	Number in need	Cost
Neurotic Disorders	--	--	2,520	$ 1,114	4,039	$ 1,434	4,406	$ 1,661
Alcoholism	--	--	7,560	1,157	12,116	1,490	13,217	1,725
Drug Addiction	--	--	1,155	158	1,851	203	2,019	235
Other character, personality & behavior disorders	--	--	105,665	43,540	4,544	56,057	4,956	64,911
Cardiac Conditions	755	$ 386	22,050	10,634	35,341	13,691	38,549	15,853
Other Circulatory Conditions			24,150	12,842	38,704	16,534	42,221	19,146
Respiratory Diseases (tuberculosis, emphysema, bronchitis, etc.)	511	184	9,450	3,383	15,145	4,356	16,521	5,044
Digestive System Disorders	1,034	396	15,750	5,964	25,242	7,679	27,535	8,892
Mental Retardation	1,440	529	--	--	--	--	--	--
Mild	--	--	13,125	4,170	21,035	5,369	22,946	6,217
Moderate	--	--	2,625	1,084	4,207	1,396	4,589	1,616
Severe	--	--	840	666	1,346	857	1,469	992
Cancer	--	--	1,617	--	2,592	--	2,827	--
Stroke	--	--	2,331	403	3,736	519	4,075	601
Speech Impairments	144	90	--	--	--	--	--	--
Functional	--	--	--	--	--	--	--	--

-- Indicates figures not available

Table 1 (Continued)

CATEGORY	Estimated Coverage by Present Programs		FY 1967		FY 1970		FY 1975	
	Number Served	Expenditures	Number in need	Cost	Number in need	Cost	Number in need	Cost
Cleft Palate	--	--	546	$ 305	875	$ 393	955	$ 455
Laryngectomies	--	--	273	101	437	130	478	151
Aphasia	--	--	105	1	168	1	184	1
Other Speech Impairments	--	--	1,554	1,062	2,491	1,367	2,717	1,583
Cerebral Palsy	--	--	1,575	832	2,524	1,071	2,754	1,240
Arthritis	--	--	(13,020)	(7,598)	(20,866)	(9,782)	(22,762)	(11,327)
Multiple Sclerosis	--	--	630	182	1,010	234	1,101	271
Muscular Dystrophy	--	--	315	178	505	229	551	265
Parkinson's Disease	--	--	42	--	67	--	73	--
Colostomies	--	--	(105)	--	(101)	--	(110)	--
Colostomies from Cancer	--	--	168	17	269	22	294	25
Genito-urinary system	169	$ 111	4,620	3,020	7,404	3,888	8,077	4,502
Diabetes	--	--	1,470	--	2,356	--	2,570	--
Hemophilia	--	--	(126)	(129)	(202)	(166)	(220)	(192)
Other Malignant Neoplasms	--	--	42	9	67	12	73	14
Benign, unspec. Neoplasms	--	--	1,155	372	1,851	479	2,019	555
Allergic, Endocrine disorders, Asthma, etc.	--	--	17,430	7,403	27,934	9,531	30,472	11,036
Blood Diseases	--	--	630	550	1,010	708	1,101	820

-- Indicates figures not available
() Figures are non-add

Table 1 (Continued)

CATEGORY	Estimated Coverage by Present Programs		FY 1967		FY 1970		FY 1975	
	Number Served	Expen-ditures	Number in need	Cost	Number in need	Cost	Number in need	Cost
Epilepsy	329	$ 137	4,095	$ 1,692	6,563	$ 2,178	7,159	$ 2,522
Other nervous disorders	--	--	1,260	932	2,019	1,200	2,203	1,390
Other disabling conditions	352	216	3,822	2,332	6,125	3,002	6,682	3,476
TOTAL	12,343	$5,271	312,830	$138,000	336,560	$177,000	367,137	$205,000

-- Indicates figures not available

NOTE: This table is based on a survey of estimated need and accompanying costs. It does not consider resources available to meet the need.

The cost of services was estimated by multiplying the number of people needing services in each respective disability category by the Maryland Division of Vocational Rehabilitation cost of serving the persons in those categories. For future year estimates, these costs were adjusted to account for inflation and other projected increases in cost of services.

TABLE 2

TOTAL STATE VOCATIONAL REHABILITATION PROGRAM LEVELS TO MEET ALL NEEDS*
(Cost in Thousands of Dollars)

Category	Present Program Fiscal Year 1969		Fiscal Year 1970*		Fiscal Year 1975*	
	Number	Cost	Number	Cost	Number	Cost
Staffing Requirements						
Professional	216	$1,952	2,400	$ 39,563	2,750	$ 45,843
Counselors	(146)	(1,245)	(1,800)	(15,300)	(2,100)	(22,500)
Other	172	805	900	16,107	1,000	18,655
Total	388	$2,757	3,300	$ 55,670	3,750	$ 64,498
Case Services (number served in thousands)	21	3,561	337	71,700	367	82,865
Support to Facilities	XXXXXX	2,433	XXXXXX	48,730	XXXXXX	56,437
Allocation to Research, Special Projects, etc.	XXXXXX	90	XXXXXX	900	XXXXXX	1,200
TOTAL	XXXXXX	$8,841	XXXXXX	$177,000	XXXXXX	$205,000

*Figures for these years represent the total number in need who are the concern of the State agency, or the cost to meet the need *without regard to availability of funds*.

() Non-add.

TABLE 2a

DIVISION OF VOCATIONAL REHABILITATION BUDGET PROJECTIONS
Fiscal Years 1970-1975

Present Program, Fiscal Year 1969

Category	Number	Cost* (Thousands of Dollars)
Staffing Requirements		
Professional	216	$ 1,952
Counselors	(146)	(1,245)
Other	172	805
Total	388	$ 2,757
Case Services		
(number served in thousands)	21	3,561
Persons Rehabilitated	(7,312)	
Support to Facilities	XXXXXX	2.433
Allocation to Research, Special Projects, etc.	XXXXXX	90
TOTAL	XXXXXX	$ 8,841

Fiscal Year 1970

Staffing Requirements		
Professional	285	$ 2,823
Counselors	(210)	(2,100)
Other	209	1,168
Total	494	$ 3,991
Case Services		
(number served in thousands)	30	5,150
Persons Rehabilitated	(11,940)	
Support to Facilities	XXXXXX	3,550
Allocation to Research, Special Projects, etc.	XXXXXX	141
TOTAL	XXXXXX	$12,832

*All cost figures *include* Federal matching funds.
() Non-add.

Table 2a (Continued)

Fiscal Year 1971

Category	Number	Cost* (Thousands of Dollars)
Staffing Requirements		
Professional	342	$ 3,480
Counselors	(256)	(2,560)
Other	230	1,570
Total	586	$ 5,050
Case Services		
(number served in thousands)	40	6,629
Persons Rehabilitated	(16,310)	
Support to Facilities	XXXXXX	4,709
Allocation to Research, Special Projects, etc.	XXXXXX	165
TOTAL	XXXXXX	$16,553

Fiscal Year 1972

Staffing Requirements		
Professional	392	$ 4,322
Counselors	(302)	(3,322)
Other	255	1,833
Total	647	$ 6,155
Case Services		
(number served in thousands)	51	7,660
Persons Rehabilitated	(19,880)	
Support to Facilities	XXXXXX	5,319
Allocation to Research, Special Projects, etc.	XXXXXX	189
TOTAL	XXXXXX	$19,323

*All cost figures *include* Federal matching funds.
() Non-add.

Table 2a(Continued)

Fiscal Year 1973

Category	Number	Cost* (Thousands of Dollars)
Staffing Requirements		
Professional	429	$ 4,740
Counselors	(344)	(3,784)
Other	276	2,133
Total	705	$ 6,873
Case Services		
(number served in thousands)	58	9,030
Persons Rehabilitated	(22,600)	
Support to Facilities	XXXXXX	6,054
Allocation to Research, Special Projects, etc.	XXXXXX	226
TOTAL	XXXXXX	$22,183

Fiscal Year 1974

Staffing Requirements		
Professional	469	$ 5,300
Counselors	(384)	(4,608)
Other	296	2,390
Total	765	$ 7,690
Case Services		
(number served in thousands)	65	10,210
Persons Rehabilitated	(25,900)	
Support to Facilities	XXXXXX	6,761
Allocation to Research, Special Projects, etc.	XXXXXX	249
TOTAL	XXXXXX	$24,910

*All cost figures *include* Federal matching funds.
() Non-add.

Table 2a (Continued)

Fiscal Year 1975

Category	Number	Cost* (Thousands of Dollars)
Staffing Requirements		
Professional	515	$ 6,200
Counselors	(425)	(5,200)
Other	316	2,703
Total	831	$ 8,903
Case Services (number served in thousands)	73	11,700
Persons Rehabilitated	(31,300)	
Support to Facilities	XXXXXX	7,509
Allocation to Research, Special Projects, etc.	XXXXXX	270
TOTAL	XXXXXX	$28,382

*All cost figures *include* Federal matching funds.
() Non-add.

TABLE 2b

SUMMARY OF DIVISION OF VOCATIONAL REHABILITATION BUDGET PROJECTIONS

Exhibit 1[a]

Fiscal Years 1969-1975
(Cost in Thousands of Dollars)

	Present Program FY 1969	Adjusted FY 1969[a]	Estimated FY 1970	FY 1971	FY 1972	FY 1973	FY 1974	FY 1975
DVR Net Total General Fund Expenditure[b]	1,267	1,453	1,925	2,483	2,898	3,319	3,737	4,257
Federal Fund Expenditure	7,574	8,430	10,907	14,070	16,425	18,864	21,173	24,125
Total Expenditure	8,841	9,883	12,832	16,553	19,323	22,183	24,910	28,382

Increases

	Adjusted FY 1969 over Present Program FY 1969	Estimated FY 1970 over Adjusted FY 1969	FY 1971 over FY 1970	FY 1972 over FY 1971	FY 1973 over FY 1972	FY 1974 over FY 1973	FY 1975 over FY 1974
DVR Net Total General Fund Expenditure	186	472	558	415	421	418	520
Federal Fund Expenditure	856	2,477	3,163	2,355	2,439	2,309	2,952
Total Expenditure	1,042	2,949	3,721	2,770	2,860	2,727	3,472

[a]This exhibit presents a budget projection based on a FY 1969 budget *adjusted* to reflect the costs of the study's recommendations *if* they had been implemented in FY 1969.

[b]Even though Federal funding for vocational rehabilitation is provided, generally, on a 3-to-1 matching basis, the DVR Net Total General Fund Expenditure during the past three years has averaged less than *fifteen* percent of the total program cost. This difference stems from the fact that State matching may be provided in a form other than dollars (i.e., personnel, equipment, facilities, etc.). Therefore, the Division of Vocational Rehabilitation share of total program costs through the planning period 1969-1975 is projected on the average ratio of 15%.

Table 2b (Continued)

Exhibit 2[a]

Fiscal Years 1970-1975
(Cost in Thousands of Dollars)

	Present Program FY 1969	Estimated FY 1970	FY 1971	FY 1972	FY 1973	FY 1974	FY 1975
DVR Net Total General Fund Expenditure	1,267	1,925	2,483	2,898	3,319	3,...	4,257
Federal Fund Expenditure	7,574	10,907	14,070	16,425	18,864	21,173	24,125
Total Expenditure	8,841	12,832	16,553	19,323	22,183	24,910	28,382

Increases

	Estimated FY 1970 over FY 1969	FY 1971 over FY 1970	FY 1972 over FY 1971	FY 1973 over FY 1972	FY 1974 over FY 1973	FY 1975 over FY 1974
DVR Net Total General Fund Expenditure	658	558	415	421	418	520
Federal Fund Expenditure	3,333	3,163	2,355	2,439	2,309	2,952
Total Expenditure	3,991	3,721	2,770	2,860	2,727	3,472

[a]Because the State budget for FY 1969 had been approved *prior* to this writing, this exhibit projects costs beginning with FY 1970.

[b]The basis for estimating DVR Net Total General Fund Expenditure is the same as in Exhibit 1, above.

The methodology employed for estimating the State agency's budget through 1975 involved (1) computing the State's proportionate share of Section II Federal funds in Fiscal Year 1969 and (2) applying a comparable percentage to Rehabilitation Services Administrations' Section II appropriation estimates through Fiscal Year 1974. Estimates for Fiscal Year 1975 were determined by projecting, for one more year, the 1969-1974 appropriation trend. Although the appropriation figures used as a base represent the Rehabilitation Services Administration's *high* estimates (i.e., those estimates appropriate for the situation of a significant Federal budget increase), it is felt that these figures are actually quite realistic if the State is to make appreciable progress toward its goal of serving all of its eligible handicapped citizens. Thus, even in the absence of an increased Federal share in the matching fund formula, Maryland may achieve, through the deployment of resources recommended herein, the levels of service indicated in Table 2 at a net yearly increased cost to the State of less than $500,000.[1]

Table 3 presents an estimate of the number of facilities and costs to serve the needs of the disabled persons identified in Table 1, above, as requiring workshop and/or facilities services.[2] This Facilities Summary, however, *does not* consider the availability of resources to meet these needs.

The specific steps to be taken in order to achieve the levels of services projected in Table 2 are enumerated in Chapter IV, "Findings and Recommendations."

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[1]See Table 2b, Exhibit 2.

[2]The estimates of "number served" in Table 3 are based on the findings of the Workshop and Rehabilitation Facilities planning study relating to the percentage of *all* disabled who could benefit from workshop and facilities services. The cost of serving these persons was calculated by the Governor's Study Group and based on the Division of Vocational Rehabilitation Fiscal Year 1967 per client expenditures for facilities services. These figures were adjusted to reflect increases in future years due to higher salary, construction and maintenance costs, inflation, and other noncontrollable increases.

TABLE 3

FACILITIES SUMMARY
(Cost in Thousands of Dollars)
All Agencies, Public and Private

CATEGORY[b]	1966[a]		FY 1970			FY 1975		
	Number Facilities	Number Served	Number Facilities	Number Served	Cost	Number Facilities	Number Served	Cost
Public								
1. Rehabilitation Center	1	1,472	3 (1)	6,120	$ 5,130	4 (2)	6,300	$ 5,240
2. Rehabilitation Center (general hospital)	10	4,120	21 (8)	16,430	12,920	22 (8)	18,040	14,610
3. Evaluation Unit	--	--	3	1,500	285	5 (3)	5,000	945
4. Workshop	3	77	10 (3)	789	340	11 (6)	1,050	462
5. Other	1	60	2 (1)	310	630	2 (1)	360	780
Private								
1. Rehabilitation Center	3	1,859	6 (3)	7,521	6,314	7 (5)	7,922	6,768
2. Rehabilitation Center (general hospital)	4	2,552	11 (4)	10,928	9,132	11 (6)	11,955	12,330
3. Evaluation Unit	4	15,278	13 (4)	67,111	12,230	14 (8)	69,500	13,200
4. Workshop	18	2,604	40(18)	17,082	7,350	43(25)	20,409	8,980
5. Other	12	10,567	21(12)	38,109	31,115	22(12)	40,164	35,110
TOTALS	56	38,529	--	165,900	$85,446	--	180,700	$98,425

[a]These figures are based on the findings of the Workshops and Rehabilitation Facilities planning study and include facilities outside the State of Maryland. Future year estimates, however, apply to *State* facilities only.

[b]Categories are defined in the *Maryland State Plan for Workshops and Rehabilitation Facilities*.

The agencies and individuals charged with the responsibility for implementing the plan, as developed, are so indicated.

Although many of the recommendations are interrelated and conditional in nature, the establishment of cooperative working relationships among the various State agencies and private groups must precede collective action. Whereas some groups may employ a categorical approach to the problems of the handicapped individual, it is important that *all parties* involved become fully aware of and understand the effects of their combined interaction in order that the pervading objective, rehabilitation of the "total man", not be subordinated to the perpetuation of, and preoccupation with, organizational fiefdoms.

The initial responsibility for coordinating human resources development at a supra-agency level, so that the effectiveness of planning and delivery of comprehensive services is maximized, would rest with the proposed permanent Governor's Commission on Rehabilitation.[1] Ultimately, the task of insuring proper coordination of rehabilitation-related services may be delegated to a Human Resources Agency, as suggested above.[2]

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[1]See Chapter IV, Recommendation #78.

[2]See Chapter IV, Recommendation #70.

CHAPTER VI

CONTINUED PLANNING AND FOLLOW-UP

A. Periodic Review of Entire Plan

The efforts contained in this document, in many ways, may be contrasted with the "balance sheet" terminology of the accounting profession. That is, the study reflects the condition of vocational rehabilitation as of this particular point in time. Obviously, such efforts need to be periodically re-assessed and re-evaluated in order to keep pace with changing times, technology, advances in the state of rehabilitation, etc.

79. *IT IS RECOMMENDED THAT, IN EACH SUCCEEDING THREE-YEAR INTERVAL, THE STATE VOCATIONAL REHABILITATION AGENCY UPDATE ITS LONG-RANGE PLAN FOR SERVING THE DISABLED CITIZENS OF THE STATE OF MARYLAND. THIS UPDATING SHOULD INCLUDE AN IN-DEPTH IDENTIFICATION OF THE STATE'S HANDICAPPED CITIZENRY IN ORDER THAT A REGISTER OF NEEDS AND SERVICES OF THIS POPULATION MAY ULTIMATELY BE ESTABLISHED. THESE UPDATING, OR REAPPRAISAL, EFFORTS SHOULD UTILIZE GROUPS SUCH AS A STATE ADVISORY BODY AND REGIONAL TASK FORCE(S) IN ITS APPROACH.*

B. Continued Program Planning

During these three-year intervals, it is the responsibility of the State vocational rehabilitation agency to continually focus on its program planning activities. A formalized structure should be established which would not only thoroughly identify the program requirements of the vocational rehabilitation agency but would consider the interrelationships of programs and policies

of other State agencies which are directly and indirectly related to rehabilitation efforts. This planning staff, which should be under the competent leadership of an individual at a grade and title level not lower than Assistant State Director, should be adequately staffed and should be cognizant of the recent developments in rehabilitation research. This planning staff should seek the advice and consultation of the advisory organizations suggested above.

80. *IT IS RECOMMENDED THAT RECOGNITION BE GIVEN TO THE NEED FOR CONTINUED PROGRAM PLANNING WITHIN THE STATE VOCATIONAL REHABILITATION AGENCY. IN CONNECTION WITH THIS RESPONSIBILITY, A PLANNING STAFF SHOULD BE ESTABLISHED TO FUNCTION CONTINUALLY AND WITH DUE REGARD FOR PROGRAM IMPLICATIONS OF THE REHABILITATION AGENCY AND OTHER REHABILITATION-RELATED STATE AGENCIES. THIS STAFF SHOULD UTILIZE THE ADVICE AND CONSULTATION OF A STATE ADVISORY BODY AS AN INTEGRAL PART OF THE PLANNING PROCESS.*

REFERENCES*

American Heart Association, *Cardiovascular Disease in the U.S.: Facts and Figures.* New York: The Association, 1965.

Baltimore City Department of Health Report, 1966.

Baltimore Employment Program. Project proposal submitted by the Baltimore City Community Action Agency, Inc. Baltimore: May 11, 1967.

California RD-119 project report, as reported in *Research Brief.* Division of Research and Demonstration Grants, Social and Rehabilitation Services, Department of Health, Education, and Welfare. 1(6)1967.

Census of Population, United States, 1960. Publications PC(1)22B and PC(1)22C.

Conley, Ronald W. *The Economics of Vocational Rehabilitation* Baltimore: The Johns Hopkins Press, 1965.

"Cooperative Area Manpower Planning System, Fiscal Year 1969." Interagency Cooperative Issuance No. 69-1. Washington: Department of Labor, January 1968.

"Cooperative Area Manpower Planning System, National Manpower Trends: Problems and Outlook for Fiscal Year 1968." Interagency Cooperative Issuance No.3, Attachment I. Washington: Department of Labor, March 31, 1967.

Dishart, Martin. "Patterns of Services in Divisions of Vocational Rehabilitation" Washington: 1964.

———————. "The Incidence of Disability in Maryland" College Park: Bureau of Educational Research and Field Services, University of Maryland, August 1967.

Driver v. Hirmant. U.S.C.A. 4, 1966.

Easter v. District of Columbia. D.C. App., 1966.

Educational Programming in Simulated Environments for Seriously Emotionally Handicapped Elementary School Children. Department of Health, Education, and Welfare Grant No. 32-30-0000-1028, Project No. 5-0396, September 1967.

Federal Register. Revision of Regulations, Vol. 31, No. 9. Washington: January 1966.

Haber, Lawrence D. "Prevalence of Disability Among Noninstitutionalized Adults Under Age 65: 1966 Survey of Disabled Adults" Research and Statistics Note No. 4. Baltimore: Social Security Administration, February 16, 1968.

*NOTE: This listing includes *only* those references specifically mentioned in this report. It does not account for all sources consulted during the Study nor is it by any means an exhaustive listing of all pertinent works in the field of vocational rehabilitation.

Hardy, Janet. "Community Meeting on Education of the Deaf and Children with Severe Auditory Problems" A paper presented at the meeting of the Marvland State Board of Education, January 31, 1968.

Hurun, Ralph G. "Estimated Prevalence of Blindness in the United States" New York: American Foundation for the Blind, 1953.

Imre, Paul. "Rose County Study" Baltimore: Johns Hopkins School of Hygiene and Public Health, 1967.

Innovation Project for the Vocational Rehabilitation of Emotionally Disturbed Adolescents, Hagerstown, Maryland, as described in *Washington County Education News*. January 1968.

Levine, Mark A. Report from the Maryland Department of Correctional Services submitted to the Governor's Study Group on Vocational Rehabilitation, 1968.

Maryland Board of Health and Mental Hygiene. "Comprehensive Mental Retardation Plan" Baltimore: June 1966.

Maryland Commission for Children and Youth Report on the Out-of-School Unemployed Youth. Baltimore: The Commission, 1963.

Maryland Commission to Study Problems of Drug Addiction. *Interim Report*. Baltimore: January 1966.

————————. December 1967.

"Maryland Comprehensive Mental Retardation Plan" Baltimore: Mental Retardation Planning Committee, 1967.

Maryland Department of Correction. *Forty-First Annual Report, Fiscal Year 1967*. Baltimore: 1967.

Maryland Department of Juvenile Services 1967 Cumulative Report.

Maryland Division of Vocational Rehabilitation and Maryland Department of Correctional Services. Cooperative agreement. Baltimore: April 1968.

Maryland Division of Vocational Rehabilitation, Fiscal Year 1967. Baltimore: State of Maryland, Department of Education, 1967.

"(Maryland) Governor's Commission to Study the Educational Needs of Handicapped Children Report" Baltimore: The Commission, November 1967.

Maryland Governor's Study Group on Vocational Rehabilitation. "A Status Report on Services and Facilities for Vocational Rehabilitation in Maryland" Baltimore: Governor's Study Group, 1967.

Maryland Governor's Study Group on Vocational Rehabilitation, Regional Task Force Committees. *Final Reports*, 1968.

Maryland Governor's Study Group on Vocational Rehabilitation, Regional Task Force Committees. Hearings, 1967-1968.

Maryland Office of Economic Opportunity. "Population and Statistical Information on Incidence of Poverty in the State of Maryland" Baltimore: Maryland Office of Economic Opportunity, 1960.

Maryland Senate. *Senate Bill 404*, as reported by the Committee on Finance, March 7, 1968.

Maryland State Budget for the Fiscal Year Ending June 30, 1969.

Maryland State Budget for the Fiscal Year Ending June 30, 1968.

Maryland State Budget for the Fiscal Year Ending June 30, 1967.

"Maryland State Comprehensive Plan for Community Mental Health Service" Baltimore: (Maryland) State Mental Health Planning Committee, 1965.

Maryland State Department of Mental Hygiene. *Statistical Report.* Baltimore: February 1968.

Maryland State Planning for Workshops and Rehabilitation Facilities. Baltimore: Study Group on Workshops and Rehabilitation Facilities, April 1968.

Miller, Leonard, and Barillas, Mario. "Using Weighted 26-Closures as a More Adequate Measure of Counselor and Agency Effort in Rehabilitation" *Rehabilitation Counseling Bulletin.* December 1967.

National Health Survey, United States, July 1961-June 1963. Public Health Publication No. 1000, Series 10, Nos. 17 and 32. Washington, D.C.: U.S. Government Printing Office, May 1965 and June 1966.

National Institute on Making Buildings and Facilities Accessible to and Usable by the Physically Handicapped. "Proceedings, November 21-24, 1965" Chicago: The Institute, 1965.

New York Alcoholism Vocational Rehabilitation Project. "The Inclusion of Vocational Counseling in an Alcoholism Rehabilitation Program" *Final Report*, Vocational Rehabilitation Project No. 418. New York: 1963.

New York Bureau of Municipal Research. *Making a Municipal Budget.* New York: The Bureau, 1907.

Nilsson, G. L. "Social Rehabilitation Facility for Chronic Alcoholics" February 1968.

————————. "The Alcoholism Problem in Maryland" Baltimore, 1967.

Oklahoma Vocational Rehabilitation Service and Oklahoma State Reformatory. "Rehabilitation of the Young Offenders" Research and Demonstration Grant 949, April 1967.

Oklahoma Vocational Rehabilitation Service. "Bridging the Gap Between School and Employment: A Cooperative Program of Special Education-Vocational Rehabilitation" The Oklahoma Vocational Rehabilitation Service, 1964.

"Organizational Location and Status of General State Vocational Rehabilitation Agencies" A report by the Interagency Relationships Project of the National Rehabilitation Association. Washington: The Association, 1967.

Paralyzed Veterans of America. "Building for the Future" Washington: Paralyzed Veterans of America, 1964.

Pennsylvania Comprehensive Vocational Rehabilitation Planning Project. "Progress" A Report of the Project, April 1968.

Police Athletic League (New York). *The Pal Joey Report.* New York: January 1967.

"Public School Laws of Maryland" *Maryland School Bulletin.* XLI, 1 (May 1965).

"Rehabilitating the Aging Disabled Worker" *Rehabilitation Record.* September-October, 1963.

Rehabilitation Interagency Focus. Bulletin No. 5, December 1967.

————————. Bulletin No. 7, January 1968.

————————. Bulletin No. 10, February 1968.

————————. Bulletin No. 12, March 1968.

Rosado, Islia. "Three Approaches to Drug Addiction" Springfield State Hospital Vocational Rehabilitation Unit. Baltimore: 1967.

Rusalem, Baxt, and Barshop. "The Vocational Rehabilitation of Older Handicapped Workers" Department of Health, Education, and Welfare. Washington: 1963.

Schick, Allen. "The Road to PPB: The Stages of Budget Reform" *Public Administration Review.* XXVI,4(1966).

South Carolina Vocational Rehabilitation Department. "Rehabilitating Public Offenders" Research and Demonstration Grant 1709-G. Columbia, South Carolina: 1968.

U.S. Bureau of the Budget Bulletin 66-3, October 12, 1965.

U.S. Congress, 89th Session, *Public Law 89-333, Vocational Rehabilitation Act Amendments,* 1965.

U.S. Department of Health, Education, and Welfare. *1967 Annual Report.* Washington: U.S. Government Printing Office, 1968.

U.S. Department of Health, Education, and Welfare, Social Security Administration. *Survey of Disabled Adults,* 1966.

U.S. Department of Housing and Urban Development. "What It Is and What It Does" Washington: July 1967.

Vocational Rehabilitation Administration Commissioner's Letter No. 68-17. Washington: December 1967.

"Wide Changes Examined in Health Plans" *The Evening Sun*. Baltimore, C26 (April 24, 1968)8.

STANDARD INDEX

This Standard Index is being used in the reports of all State planning agencies for the convenience of readers, and as an aid for future planning and reference. An asterisk following an item means that the item is either not applicable or not covered in the report. Items in addition to Standard Index listing are shown in the addendum.

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ADDENDUM